EFFECTIVENESS OF YOGASANA THERAPY ON LEVELS OF STRESS AMONG WOMEN WITH HYPERTENSION AT SELECTED AREA, VELLORE

M.Sc (NURSING) DEGREE EXAMINATION

BRANCH – IV - COMMUNITY HEALTH NURSING

SRI NARAYANI COLLEGE OF NURSING,

VELLORE – 55.

A Dissertation submitted to

THE TAMIL NADU DR. M. G. R. MEDICAL UNIVERSITY,

CHENNAI – 600 032.

In partial fulfilment of the requirement for the degree of

MASTER OF SCIENCE IN NURSING.

APRIL - 2016

CERTIFICATE

This is to certify that this dissertation entitled **"EFFECTIVENESS OF YOGASANA THERAPY ON LEVELS OF STRESS AMONG WOMEN WITH HYPERTENSION AT SELECTED RURAL AREA. VELLORE** is a bonafide work done by **Ms. ARCHANA.V,** Sri Narayani College of Nursing, Vellore – 55, in the partial fulfilment of the requirement for the award of the degree of Master of Science in Nursing, Branch IV – Community health nursing, under my guidance and supervision during the academic period from April 2014-16.

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V.ARCHANA

ABSTRACT

The global burden of high blood pressure supports predictions of a world wide epidemic of cardio- vascular disease. Hypertension is directly responsible for 57% of deaths in India. (WHO 2015). Stress is an altered state of body and mind from normal homeostatic conditions that is caused due to extrinsic or intrinsic factors. In the world 200 million women are suffering from stress. Yogasana is an economical, non invasive practice that has become increasingly popular as a means of relieving stress, enhancing health, and improving fitness with no appreciable side effects and multiple collateral lifestyle benefits.

STATEMENT

Effectiveness of yogasana therapy reduces levels of stress among women with hypertension at selected rural area, Vellore.

OBJECTIVES

1. To assess the pre-test levels of stress among women with hypertension before yogasana therapy.
2. To assess the effectiveness of yogasana therapy on levels of stress among women with hypertension.
3. To find out the association between the post test levels of stress among women with hypertension and selected demographic variables.

METHODS:

The research approach is quantities and the research design selected was pre experimental one group pre and post test design. Purposive sampling technique was adopted to selected 30 women with hypertension at Unai Vaniyambadi, Village. The ISMA stress questionnaire. The conceptual frame work used in the present study is based on Kolcaba theory of comfort was developed by Katherine Kolcaba 1990. Descriptive statistics and inferential statistics were used for analysis and interpretation.

Results and interpretation:

The pretest levels of stress among women with hypertension mean value is 22.2 and SD ±0.574. After yogasana therapy the post test mean value is 5.53 the SD±2.05. Mean difference was 16.67.The calculated paried "t" test value 43.6 which is greater than the table value (3.66) which was statistically significant at $P < 0.001$. Hence H1 was accepted. The demographic variable number of children was associated at $P < 0.05$ level. Hence H2 was accepted.

CONCLUSION:

The majority of the women with hypertension had significant improvement in the levels of stress after yogasana therapy.

Key words:

Effectiveness, Yogasana therapy, Levels of stress, Women with hypertension.

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LIST OF ABBREVENTIONS

WHO	World health organisation.
JAPI	Journal of associated physicians of India.
CRESS	Chennai Rural Epidemiology study.
AH	Arterial Hypertension.
ISMA	International Stress Management Association.
NS	Non Significant.
S	Significant.

CHAPTER – I

INTRODUCTION

" Yoga synchronises the mind, body and the soul ."

- (Narendra Modi 2015)

Human being must be leisure from stress to lead a normal healthy life. If they have sustained stress they are at the high risk of getting hypertension. Hypertension commonly called high blood pressure is sustained arterial pressure. It remains as an important health challenge.

Chronic disease is an impairment of bodily structure and/ or function that necessitates a modification of the patients normal life and has persisted even an extended period of time. The problem of chronic non-communicable disease is assuming increasing importance among the women population in both developed and developing countries.(**Williams -2012)**

Hypertension is a major risk factor for cardiovascular diseases, which are still the leading causes of death in European and North American societies. furthermore, Hypertension is a very common disease and its prevalence varies greatly within and between countries**. (Raj Krishna -2012)**

According to the seventh report of the Joint National Committee (2012), on prevention, Detection, and Treatment of High blood pressure Worldwide prevalence estimates for Hypertension may be as much total population is 970 million as 1 billion individuals are affected, and approximately 7.1 million deaths per year may be attributable to Hypertension**.(Gupta-2012)**

Blood pressure is the force applied against the walls of the arteries as the heart pump blood through the body. Hypertension is a chronic medical condition in which the average blood pressure is elevated. **(Lewis – 2012)**

Hypertension commonly referred as high blood pressure, is a condition in which the pressure at which the blood flows in the body is chronically elevated, beyond normal. The normal blood pressure level in human is said to be 120/80mmHg. The abnormal high blood pressure is 160mmhg is the systolic blood pressure that is, the peak pressure in the arteries at the end of a cardiac cycle when the ventricles contract and 90mmhg is the diastolic pressure that is, the peak pressure in the arteries at the beginning of a cardiac cycle when the atria contract and the ventricles get filled with the blood.(**Prabhu.A)**

The epidemiological transition for hypertension being observed in developing countries, will lead to an increase in the prevalence of Hypertension as a result of increased life expectancy and the stress of urbanization, which is growing rapidly in almost all developing countries.

Risk factors for Hypertension include family history, race (most common in blacks) stress, obesity, alcohol, a diet high in saturated fats or sodium , tobacco use, sedentary life style, and aging.

Hypertension has been identified as the leading risk factor for mortality. The prevalence of Hypertension has been reported for various regions throughout the world , as 26.4% of the overall global population (2011**)** and it is projected to increase 29.2% by 2025.

According to National Health Survey (2014), National burden of hypertension in the women population.

Year	Overall (100%)	Men (100%)	Women (100%)
2013	24.2	12.1	12.1
2014	28.1	14.1	14.0

The overall number in 2014 was predicted to increase by about 70% of hypertension

Estimated total number of women with hypertension globally

Measure	n=(100%)
Total number world wide in 2014	872million
Total number in economically developed countries in 2014	233million
Total number in economically developing countries in 2014	439million
Total number worldwide in 2014	2.56billion

" The global burden of high blood pressure supports predictions of a world wide epidemic of cardio-vascular disease."

Cardiovascular diseases cause 5.3 million deaths in India in the year 2015 and this is projected to double by the year 2020. Hypertension is directly responsible for 57% of deaths in India. (WHO 2015) Hypertension prevalence is lower in the rural Indian population. although there has been a steady increase over time here as well. **Patney (2015)**

Recent studies using revised criteria (BP 140 and/or 90 mmHg) have shown a high prevalence of Hypertension among urban women there are 31.5 million hypertensive in rural and 34 million in urban populations. A total of 70% of these would be stage I Hypertension (systolic BP 140-159 and/or diastolic BP 90-99 mmHg). Recent reports show that borderline Hypertension (systolic BP 130-139 and/or diastolic BP 85-89mmHg) and stage I Hypertension carry a significant cardiovascular risk and there is a need to reduce this blood pressure. Population-based cost-effective Hypertension control strategies should be developed **(Suresh 2015)**

In Tamil Nadu, total population is 76,656,209 WHO (2015) In that 14% of the population is affected by Hypertension. In Chennai one in every five persons is hypertensive, according to the results of the just published study in the Journal **of Associated physicians of India (JAPI) (2015)** from the Chennai Rural Epidemiology Study (CRES) even those undergoing treatment do not have their hypertension under control.

Stress is an altered state of body and mind from normal homeostatic conditions that is caused due to extrinsic or intrinsic factors. The disturbances are due to the organism leading to a state of tension, pressure which threatens to damage and impair the functioning capacity of the organism also stressed the point that all stress is not bad. Stress has both a positive as well as the negative dimension. The positive dimension of stress brings out creativity and the best in us by goal setting and improved performance the optimal arousal of body and mind. On the other hand, the negative dimension of stress through exaggerated arousal of the body and mind leads to, decreased performance and ill health. (**Yogacharya 2015)**

In the world 200 million women are suffering from stress.(WHO 2015) It may be from the work place, the home, family members or from within the person themselves These sources of stress can be in external environment or internal environment.

The words tension, pressure and stress are virtually synonymous terms that are used to describe the huge expenditure of nerve energy that modern conditions or situations of life demand from all of us. This can be easily seen people are suffered from hypertension, are facing differing problems and find out immediate solutions**.(Ananda 2015)**

In India nearly 170 million peoples are suffered from stress. It is the natural ability that the human system has developed over millennia in order to withstand strain. **(Yogacharya, Dr.Anandha 2015)**

In Tamilnadu 41% people affected from stress recent research has supported the importance of the role stress or rather "distress" in premature aging and the etiology of disease. (**Balayogi 2015)**

Yogasana can be defined as samandhi as well as samgathi. When defined as Samadhi, it means the integration of personality and as "Samgathi" it means "Harmony". Harmony in this sense refers to the "joy of positive health". Joy of positive course depends upon the supreme harmony between all bodily and mental functions.

One of the aims of yoga is to encourage positive hygiene and health. Its eye is on the development of the inner natural process of the body and mind. In doing so, yoga gives special attention to various eliminative processes and reconditions of the inherent powers of adaptation and adjustment of body and mind. (**Kuvalayananda 2015)**

NEED FOR THE STUDY

Arterial Hypertension (AH) is the most common cardiovascular disease and is a major public health problem in both developed and developing countries. It produces a marked effect on patients, relatives and society, either because of Hypertension or through its complications which can produce premature death or permanent disability. Risk of developing cardiovascular complication is higher when the individual combines Hypertension with other risk factors such as hypercholesterolemia /dyslipidemia. **(Lonavia 2011)**

High blood pressure describes the high force of blood against the artery walls, it means that the heart is working much harder than heart of a normal healthy human. Hypertension is a dangerous condition that does not have a cure, but it can be kept in check by taking medication regularly and by eating healthy meals and fruits. **(American Heart Association, 2011).**

In world, Researchers and multi- site studies from 2010 to 2015 showed hypertension prevalence ranging from 21% to 44% among womanhood, and there was an obvious gap between urban and rural population. The average prevalence of hypertension in world is 25% in urban and 10% in rural population. **Wang.X., (2015).**

The reported prevalence of hypertension varied around the India. The total population in India is 1.28 billion. It's prevalence (3.4% in men and 6.8% in women) (**Todkar 2015) .**

The total population in Tamil Nadu is **76,656,206**. The prevalence of hypertension in male was 14.8% and in female 12.8%.**Ramya (2015).**

Every year, May 17th is designated World Hypertension Day, which promotes awareness of the prevention, detection, control, treatment and complications of hypertension. **The theme for 2015 is "Know Your Numbers". With the goal of increased High blood pressure awareness in all populations around the world.** The day was initiated to increase the awareness of Hypertension. **World Health League (2015)**

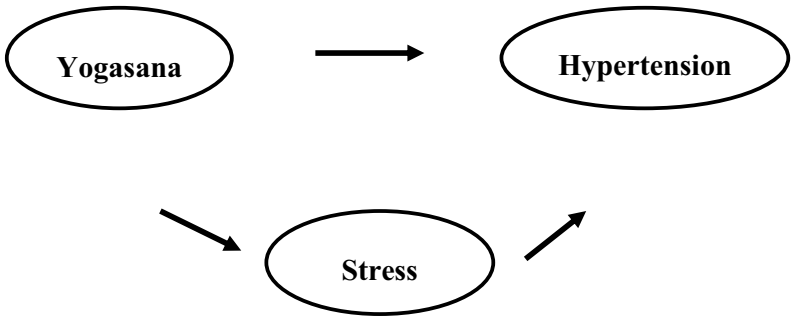
Stress is the natural ability that the human system has developed over millennia in order to withstand strain. The ability to withstand stress differs from one individual to another. Every individual has a threshold of stress up to which they can bear stress and cope with the demands of their external environment. Type of personality individual temperament and emotional stability determine this stress threshold. When external stress exceeds the threshold of the individual then they succumb to overstress. In such a scenario, the body and mind of that person try to reduce, avoid or without from that stress-creating situation. However if the excessive stress persists and/or increases the body and mind suffer. This in turn leads to physical maladies and mental pathologies**. (Bhavani 2015)**

Recent research has supported the importance of the role stress or rather "distress" in premature aging and the etiology of disease. It is postulated that frequent stressful experiences lead to the failure of the homeostatic self regulating mechanisms of the organism leading to disease. Stress has also been shown to weaken the immune system and make us more vulnerable to infection and other more vulnerable to infection and other such health related problems. (**Yogacharya 2015).**

Yogasana is an economical, non invasive practice that has become increasingly popular as a means of relieving stress, enhancing health, and improving fitness with no appreciable side effects and multiple collateral lifestyle benefits. Yogasana seems safe, is simple to learn, and can be practiced even by elderly ill or disabled individuals requiring little in the way of equipment or professional personnel **(Lonavla2015)**

Hypertension is one of the major global burden in world. Vasugi (2012) A prospective study was conducted with the objective to assess the levels of stress among women with hypertension. The sample size is 60. 30 samples are in experimental group & 30 samples are in control group. They developed intervention for 6 months. They developed yoga programme to reduce levels of stress among hypertension patients. They did demonstration for 6 months. As measured by stress symptom scale the intervention group was reduced the level of stress among hypertension patients.

Yogasana has a moderating effect on stress among clients with hypertension.



During the clinical posting researcher found that in primary health centre and rural areas hypertension is one common problem and major cause of stress. This prompted the researcher to undertake a study to assess the effectiveness of yogasana therapy on levels of stress among women with hypertension.

STATEMENT OF THE PROBLEM:

Effectiveness of yogasana therapy on levels of stress among women with hypertension at selected rural area, Vellore.

OBJECTIVES OF THE STUDY:

- To assess the pre test levels of stress among women with hypertension before yogasana therapy.
- To determine the effectiveness of yogasana therapy on levels of stress among women with hypertension.
- To find out the association between the post test levels of stress among women with hypertension and selected demographic variables.

OPERATIONAL DEFINITIONS:

- **Effectiveness** – The difference between pre and post-test levels of stress among women with hypertension before & after yogasana therapy.
- **Yogasana therapy** – Yogasana therapy is a intervention of pranayama, shavasana and padmasana each done for 15 min/ day for 5 days in a week for 6 weeks.
- **Stress -** Stress is reaction to a change that requires a physical, mental or emotional adjustment or response as measured by NASD stress questionnaire .
- **Women with hypertension** – It refers to the women who are diagnosed as hypertensive and on treatment at least for one year.

HYPOTHESES:

H_1: There is a significant difference between pre and post test levels of stress among women with hypertension before and after yogasana therapy.

H_2: There is a significant association between the post test levels of stress among women with hypertension and selected demographic variables.

DELIMITATIONS:

- Yogasana therapy was limited to selected postures.
- Yogasanas practiced by the subjects was for a 15 min period/ day for 5 days in week for a period of 6 weeks only.
- The data collection period was limited for period of six weeks only.

CONCEPTUAL FRAMEWORK

KOLCABA THEORY OF COMFORT.

Conceptualization is the planning and designing ideas. Kolcaba theory of discomfort was developed by Katherine Kolcaba in 1990. Later theory was modified in the year 2013.

According to Kolcaba model, comfort is an immediate desirable outcome of nursing care. According to this model, patients are considered to be individual, families, institutions or communities in need of health care.

Kolcaba theory has the potential to place comfort once again in the fore font of health care. (March.A & Mc Cormark D, 2009)

Nursing:

Nursing is described as the process of assessing the patients comfort needs, developing implementing appropriate nursing interventions and evaluating patient comfort following nursing intervention.

In this study researcher will assess the comfort needs of women with hypertension, measuring the blood pressure, assessing the levels of stress before and after yogasana therapy.

Health:

Health is considered to be optimal functioning, as defined by the patient, group, family or community.

Health is viewed, by the samples as free from disease, performing Activities of Daily Living independently with a stress free mind.

Patient:

Patients can be considered as individual, family, institution or communities in need of health care.

In this researcher, women with hypertension, in need of treatment, are considered as patients, who will be assessed for the levels of stress.

Environment:

Any aspects of the family or institution surroundings that can be manipulated by nurses or loved ones to enhance comfort.

The chosen environment for this research will be the homes of the samples as a familiar environment their own homes may enhance comfort level.

Enhanced comfort:

According to Kolcaba it refers to the immediate experience of having the needs for relief, transcendence met in physical, psychological, spiritual, social and environment context of experience.

In this study, one of the physical manifestation of stress, that is Blood pressure will be assessed before and after yogasana therapy. The psychological manifestation of hypertension that is stress will be measured ISMA before and after yogasana therapy. The social dimension of enhanced comfort will be received by the interactions with the samples family and friends. The ancient Indian practice of yoga consist of 8 steps of which the 3rd step is the practice of Asanas (Postures).

The spiritual dimension may include yogasana, as means for self realization and actualization in the pursuit of the supreme consciousness. The spiritual dimension is not included in the purview of this dissertation.

Health seeking behavior:

According to comfort theory, it includes internal and external behavior in which the patient engages to facilitate and promote positive health.

After the yogasana therapy, the women with hypertension may show positive change in behaviors like regularly going for medical check up, taking medications regularly, following the measures to keep themselves stress free and practicing while sharing the experience of yogasana therapy with family and friends.

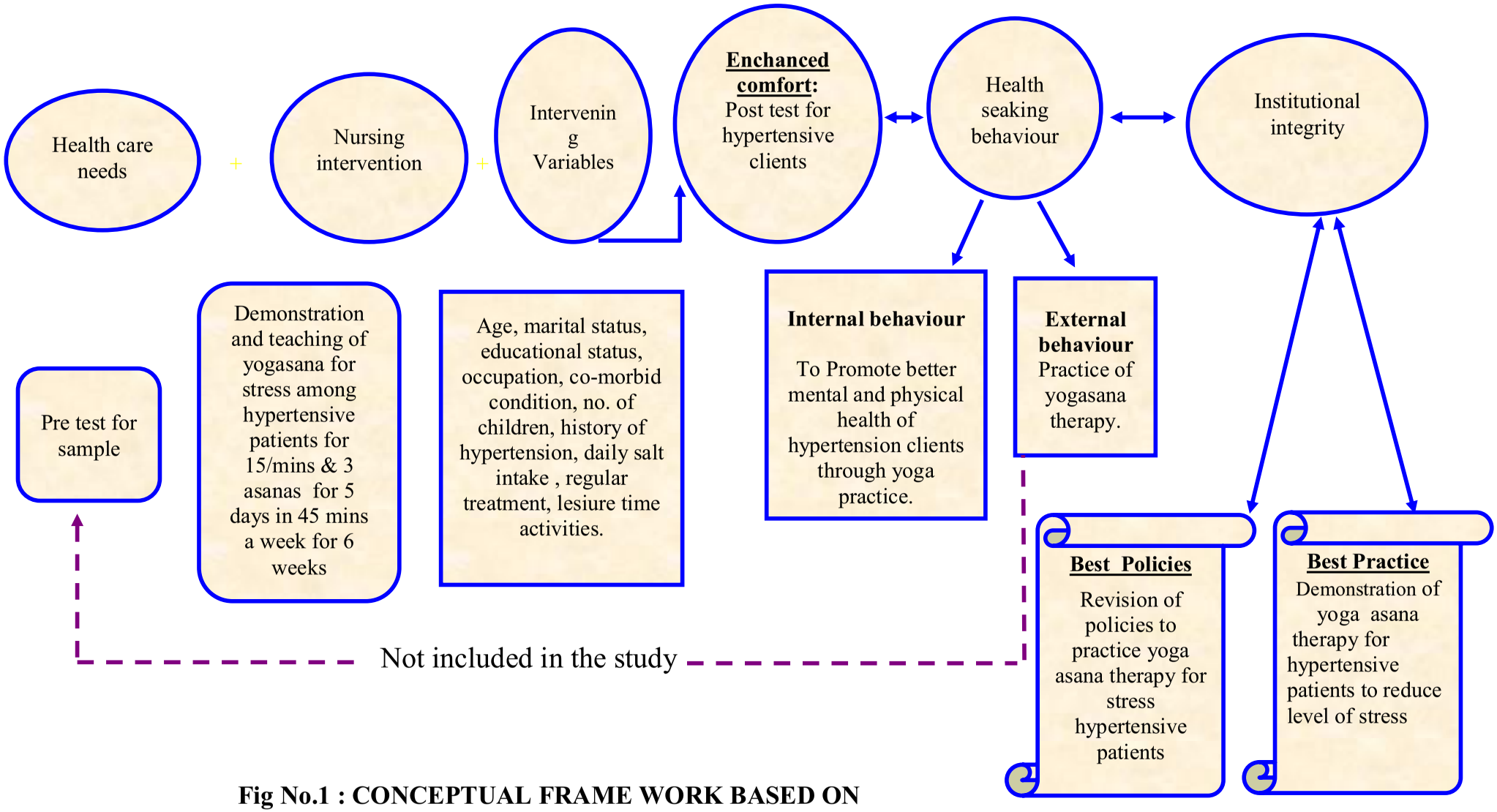


Fig No.1 : CONCEPTUAL FRAME WORK BASED ON MODIFIED KOLCABA'S THEORY OF COMFORT

CHAPTER – II

REVIEW OF LITERATURE

This chapter deals with review of literature which helps in integrating diverse opinion on the study and is an essential component of research problem. A literature review helps to lay the foundation for a study with significance to quantitative research and it is typically conducted within the context of previous effectiveness of Yogasana therapy reducing Stress among hypertensive clients.

Review of Literature consists of

Part I – Review of Literature related to Stress among Hypertension Clients

Part II – Review of Literature related to Effectiveness of Yoga on Stress for hypertensive client.

Part III – Review of literature related to Association of Selected Demographic variables and Stress on Post Test scores

Review of Literature related to Stress among Hypertension Clients

Theodore P Abraham (2014) A pre experimental study was conducted to assess the stress levels of female hypertension clients in women age (30-60) in America for 60 samples a sample was chosed by purposive sampling technique. Subjects were assessed by stress symptom scale. Subjects with systolic blood pressure more than 150 and diastolic blood pressure more than 90 mm of Hg on hypertensive treatment. The data was obtained and analyzed. The result was reveals that hypertensives 40.1% on treatment 13.2% are in mild levels of stress and 10.1 had severe levels of stress. Hence the study findings are hypertension patients had stress.

Chandra Patel (2013), a pre experimental study was conducted to assess the stress levels of female hypertension patients in women age group (30-50) in china for 30 samples a sample was chosed by purposive sampling technique. Subjects were assessed by perceived stress scale.

Subjects with systolic blood pressure more than 170 and diastolic blood pressure more than 100 mmHg on hypertensive treatment. The data was obtained by ANOCVA test and analyzed. The result was reveals that hypertensives 50.2% on treatment 12.7% are in mild levels of stress and 13.2% had severe levels of stress. Hence the study findings are hypertension patients had mild and severe levels of stress.

R.Schneider (2012), A cross sectional study was conducted to assess the levels of stress among female hypertensive clients in women (30-40) in India for 100 samples a sample was chosed by purposive sampling technique. Subjects were assessed by stress questionnaire. Subjects with systolic blood pressure more than 130 and diastolic blood pressure more than 90 mmHg on hypertensive hypertensive treatment. The data was obtained and analyzed. The result was reveals that hypertensive 60.1% on treatment 10.2% had mild levels of stress and 15.1% had moderate levels of stress. The study findings are hypertension patients had mild and moderate levels of stress.

Yeh Siiang Lau (2012), A cross-sectional community-based study was conducted to assess the levels of stress in female hypertensive women in the rural areas of Davanagere, karnataka. Sample was chosen by purposive sampling technique. Subjects were screened for stress by a stress scale.

Subjects with systolic blood pressure more than 140 and diastolic blood pressure more than 90 mm of Hg, on hypertensive treatment, and history of hypertension were classified as hypertensive. The data thus obtained was compiled and analyzed. Result reveals that the stress level with hypertensive female was 18.3% (95% CI, 16.7-19.9%). Hypertensives of 32.1% were on treatment, and 12.5% adequately controlled their BP. About 6.9% of the total hypertensive had severe stress. Hence the study concluded that hypertensive patients had stress.

Gang Chen (2012), A Cross-Sectional Study to assess the stress levels of hypertension clients in women age group (30-60) in china 60 women's are selected, the present study aimed to assess the stress of hypertension among Chinese in female women. Samples were selected by purposive sampling technique. Data were obtained from sphygmomanometer measurements and a stress questionnaire administered to 60 Chinese females women. The data was obtained and analyzed 20.1% had severe levels of stress. Hence the study showing results hypertensive clients had severe levels of stress.

Sundhar (2012) A cross sectional study to assess the stress levels of hypertension clients in women age group (30-55) in France 60 women's are selected, The present study aims to assess the stress of hypertension among France in female women. Samples were selected by purposive sampling technique. Data was obtained by homeless stress questionnaire administered to 60 France females women. The data was obtained and analyzed 30.1% had moderate levels of stress. Hence the study showing results hypertensive clients had moderate levels of stress.

Review of Literature related to Effectiveness of Yogasana on Stress for the hypertension client

Jane F.Reckelhoff (2015), a pre experimental study was conducted on effectiveness of Yogasana Therapy on Reducing Stress among Hypertensive clients in women at selected rural area in Mangalore .The objective of study was effectiveness of yogasana therapy reduces levels of stress hypertensive clients in women Sample was choosen by purposive sampling. A study was conducted to examine the effectiveness of yogasana on stress among 40 hypertensive female clients. Subjects are given semi-structured interview questionnaire for stress. After that 4 weeks pranayama padamasan yogasana therapy was given and samples were done redemonstrated, 40 subjects showed psychological changes and reduced stress scores. Hence results shows that the data was analyzed that calculated value is 32.1 and table value is 21.0 calculated values is more than table value and p value is ≤ 0.01. 40 subjects also showed significant reduction in effectiveness of yogasana therapy reduce levels of stress at rural area.

Mario J Garcia (2015) A cross experimental study was Conducted effectiveness of yogasana therapy in reduce levels of stress among hypertension clients in women at community area in Karnataka .The objectives of the study was effectiveness of yogasana therapy in reducing levels of stress among hypertensive clients .Interview method was done by using stress symptom scale for 100 samples by using purposive sampling. After that 5 weeks shavasana, paranyama yogasana therapy was given and samples were done redemonstrated.98 subjects showed reducing levels of stress scores. Hence the results reveals that calculated value is 12.1 and table value is 9.1 calculated values is more than table value.100 subjects showed significant reduction in effectiveness of yogasana therapy reduce levels of stress at community area.

Melanie L. Hill (2013), A pre experimental study was conducted to evaluate the effectiveness of yogasana therapy to reduce stress in japan. Among 131 subjects with mild to moderate levels of stress over a period of ten weeks. The study demonstrated that ten week intervention of one hour session of pranayama or padsamana yogasana reduces stress, blood pressure and improves quality of life. at p value is ≤0.001 Yoga appears to provide a comparable improvement reduce levels of stress, and health status .

Kavitha (2012) A study suggested that a variety of yogic postures is used to manage stress. In this study, the recovery from induced physiological stress in shavasana and other postures was compared among 21 males and 6 female participants in the age group of 21-30 years. They were allowed to take rest in one of the above postures immediately after completing scheduled yoga training. The recovery was assessed in terms of in heart rate and blood pressure. It was measured before and every two minutes after the yogasana therapy till they returned to the initial level. The result revealed that the effects of stress was reversed in significantly ($p<0.01$) shorter time in shavasana, as compared to resting posture in chair and supine position. 13.

Bettye Sue Hennington (2011), A experimental study was Conducted on study reports the efficacy of selected yogasana practices on the management of stress in hypertension in India. The study involving 33 hypertensive clients in the age group of 35-65 years were examined with three variables in stress questionnaire was given by using interview method systolic and diastolic pressure was taken.

The participants were randomly assigned into three groups. The experimental group-I underwent selected yogasana practices like shavasana in the morning and in the evening with 1 hour /session/day for a total period of one week. Control group did not participate in any one of the stimuli. The result of pre- post test with ANCOVA revealed that yogasana therapy the treatment stimuli i.e. yogasana were effective in controlling the variables of hypertension.

Raghul (2012) A cross sectional study was conducted to examine the effectiveness of yogasana in management of stress in calculate 25 patients with essential hypertension who were demonstrated "shavasana" for a period of 6 months. Of those, 20 patients were given any antihypertensive drug treatment. There was a statistically significant fall on both mean systolic and diastolic pressure of samples. Further, there was a significant reduction in reduce levels of stress .p value is ≤ 0.01 significantly effectiveness of yogasana therapy on reduce levels of stress.

Review of literature related to Association of Selected Demographic variables and Stress on Post Test scores

Andreas Seidler (2014), Conducted the reduce levels of stress for the development of hypertension A systematic review was carried out to assess evidence for the association between different levels of stress for, hypertension clients. A literature search was conducted using five databases (MEDLINE, Cochrane Library, EMBASE, PSYNDEX and PsycINFO). Inclusion criteria for studies were the following: self-reported stress for hypertension disease (high blood pressure). Twenty-six publications were included, describing 40 analyses out of 20 cohorts. The risk estimates for levels of stress were associated with a statistically significant increased risk of hypertension disease in 13 out of the 20 cohorts.

Associations were significant for 7 out of 13 cohorts applying the demand–control model, all three cohorts using the effort–reward model and 3 out of 6 cohorts investigating other models. Most significant results came from analyses considering in men. Results for the association (difference −0.34 days, 96% CI −0.09 to −0.42; P<0.001between levels of stress and hypertension diseases less in the women.

W Scott Beattie (2012), Conducted Non-invasive hypertension stress testing before elective major hypertension population based cohort study. To determine the association of non-invasive hypertension stress testing before elective intermediate in community setting. Of the 271 082 patients in the entire cohort, 23 991 (8.9%) underwent stress testing.

After propensity score methods were used to reduce important differences between patients who did or did not undergo stress testing and assemble a matched cohort (n=46 120), testing was associated with improved one year survival (hazard ratio (HR) 0.92, 95% CI 0.86 to 0.99; P=0.03) and reduced. (difference −0.24 days, 95% CI −0.07 to −0.43; P<0.001). In an analysis of subgroups defined by Revised Cardiac Risk Index (RCRI) class, testing was associated with harm in low risk patients (RCRI 0 points: HR 1.35, 95% CI 1.05 to 1.74), but with benefit in patients who were at intermediate risk (RCRI 1-2 points: 0.92, 95% CI 0.85 to 0.99) or high risk (RCRI 3-6 points: 0.80, 95% CI 0.67 to 0.97).

David C.Randall (2012) Conducted Examination of the potential association of stress with morbidity and mortality outcomes in patient with hypertension. The high mortality and morbidity rates associated with hypertension are still not well explained. A few psychosocial factors have been studied and explain some of this risk, but other factors, like stress, remain largely unexplored in hypertension.

This study aimed to examine the association of stress with 6-months for, examine the relationship for hypertensive clients examine the association of post test scores for hypertensive clients. A total of 81 hypertensive patients participated. Stress was measured using the brief Perceived Stress Scale. Stress analyses were used to determine whether stress predicted event leisure survival, Linear and multiple regressions were used to determine the association of stress with hypertensive clients. Stress was not a significant predictor of event leisure survival in hypertensive clients. (heart rate = 1.06; 95% confidence interval = 0.95 – 1.81; P = 0.32) demographic variables was a significant predictor of event leisure survival in the unadjusted model interval = 0.99 – 5.927; p = 0.05)., stress (β 1.06; 95%) confidence interval = 0.95 – 1.18; P = 0.32) was not a significant predictor.

CHAPTER III

METHODOLOGY

This chapter deals with the methodology to assess the effectiveness of yogasana therapy on levels of stress among women with hypertension at selected rural area, Vellore.

Research methodology involves the systematic procedure, by which the investigator starts from the initial identification of the problem to its final conclusion.

Research approach:

The research approach used for this study is a quantitative research approach.

Research design:

A pre experimental, one group pre test - post test design.

O1 - Assess the pre test levels of stress among women with hypertension.

X - Yogasana Therapy

O2 - Assess the post test levels of stress among women with hypertension after yogasana therapy.

Setting of the Study:

The study was conducted at Unai Vaniyambadi village under Anaicut Block The total population is 2000 where male are 1100 & female are 900. The distance from Sri Narayani College of Nursing is 13kms people access health facilities in Anaicut Primary Health Centre at Vellore District, Tamilnadu. The selection of this setting for the present study is on basis of geographical proximity, feasibility of the study and sample availability.

Population:

In the present study, the population comprises of women with hypertension at Unai Vaniyambadi, Vellore.

Sample:

The sample of the present study was women with hypertension who fulfil the inclusion criteria.

Sampling technique:

Non probability Purposive sampling technique was used for the study.

Sample size:

The sample size is 30

CRITERIA FOR SAMPLE SELECTION:

Inclusion Criteria:

1. Women with hypertension on treatment.

2. Women who can read write or understand Tamil or English.

Exclusion criteria:

1. Women who are having spinal problems, movement disorder, sensory disorder, disoriented.

2. Women who are not willing to participate.

3. Women who are having ankle or knees injury.

Variables :

Independent Variables : Yogasana Therapy.

Dependent Variables : Levels of Stress.

Demographic Variables : Age, martial status, education, occupation, family income, Co morbid illness , no. of children, duration of hypertension, regular treatment, family history of hypertension, daily salt intake, sleeping pattern, leisure time activities, bio physiological measures.

Development of the Tool:

The standardized tool was used to assess the levels of stress among women with hypertension.

Semi structured interview schedule with standardized tool was used which was developed by the INTERNATIONAL STRESS MANAGEMENT ASSOCIATION UK.

Description of Tool:

The tool for assessing levels of stress among women with hypertension is divided into two sections.

Part-I:

Deals with selected demographic variables such as age, marital status, no of children, education, occupation, family monthly income, co-morbid conditions, history of hypertension, Are you on regular treatment, family history of hypertension, Are you practising any other exercise, Daily salt intake, sleeping pattern at night and leisure time activities.

Part –II

Deals with NSAD stress questionnaire by the INTERNATIONALSTRESS MANAGEMENT ASSOCIATION UK.

Score interpretation:

The level of stress is measured in terms of scores. Each correct response is given a score of one and a wrong answer score of zero. The maximum score is 25 to interpret level of stress. The scores are distributed as follows:

- 4 points or less – Mild stress
- 5-13 points – Moderate stress
- 14 points or more – Severe stress

Validity:

To determine the content validity, the tool was submitted to the three experts. After obtaining valuable suggestions, necessary modifications were made accordingly.

Reliability:

The reliability of instrument was established by test re test method. The 'r' value was 0.98, as positive correlation.

Pilot Study:

Pilot study or pilot project is a small scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events and effect size (Statistical variability) in an attempt to predict an appropriate sample size and improve upon the study design.

-Polit & Hungler

Pilot study was conducted for five women with hypertension from 16.07.2015 to 20.07.2015 at Selari village. The study was found to be feasible and practicable.

Data Collection Procedure :

In order to collect the data for the main study in Unai Vaniyambadi from (30.7.2014 to 11.8.2014). The investigator obtained written permission from Deputy Director of Health Services, Vellore. The subjects for the study were selected according to inclusion criteria by purposive sampling. The women between (36- 55) were contacted and interviewed by using semi structured interview schedule.

Then yogasana therapy was demonstrated by researcher and return demonstration was done by samples After 6 weeks (11.8.2014) post test was conducted by structured interview schedule to evaluate the effectiveness of yogasana therapy on levels of stress among women with hypertension.

Plan for data analysis :

Descriptive Statistics

Frequency and percentage distribution is used to analyze the selected demographic variables and effectiveness of yogasana therapy, Mean and standard deviation is used to assess the levels of stress among women with hypertension.

Inferential Statistics:

Paired “t” test is used to assess the effectiveness of yogasana therapy on levels of stress among women with hypertension.

‘Chi – square’ is used to assess the association of demographic variables

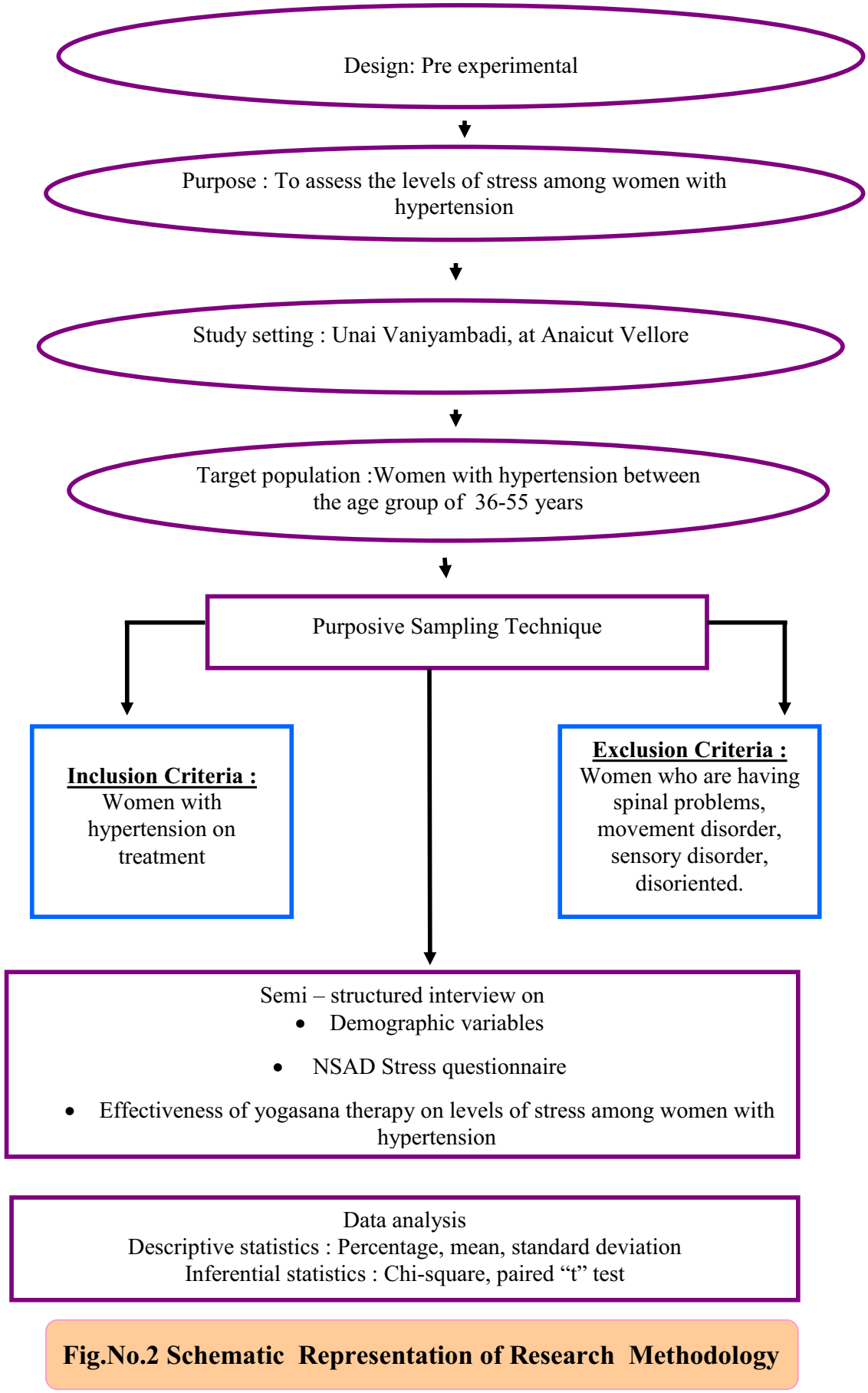


Fig.No.2 Schematic Representation of Research Methodology

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Date was obtained on the effectiveness of yogasana therapy on levels of stress among women with hypertension at selected area, Vellore.

The demographic variables were coded and analyzed. Analysis and interpretation was done with the help of descriptive and inferential statistics to meet the objectives of the study.

The data thus collected, analyzed and interpreted in the following tables.

Section – I : Description of the selected demographic variables among women with hypertension.

Section – II : Analysis of the levels of stress among women with hypertension.

Section – III : Analysis to associate the levels of stress with post test scores among women with hypertension.

SECTION – I : SELECTED DEMOGRAPHIC VARIABLES OF WOMEN WITH HYPERTENSION.

Table 1: Frequency and percentage distribution of women with Hypertension according to age group

n = 30

Age Group (Years)	Frequency	Percentage
36 – 40	1	3
41 – 45	3	10
46 – 50	15	50
51 – 55	11	37

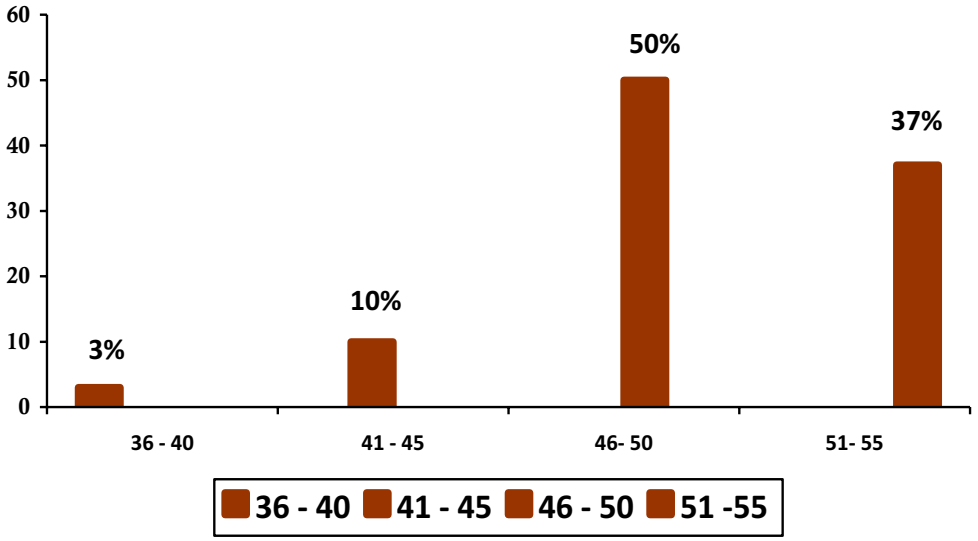


Fig.No.3 Column Graph showing percentage distribution of the women according to age group

The Table No. 1 & Fig.No.3 depicts that majority of women with hypertension 15 (50%) are in the age group of 46 - 50, 11 (37%) are in age group of 51 - 55, 3 (10%) are in the age group of 41 – 45 and 1 (3%) are in the age group of 36 - 40.

Table 2: Frequency and percentage distribution of women with hypertension according to marital status.

n = 30

Marital status	Frequency	Percentage
Unmarried	7	23
Married	11	37
Divorced	8	27
Widow	3	10
Others (Destitute)	1	3

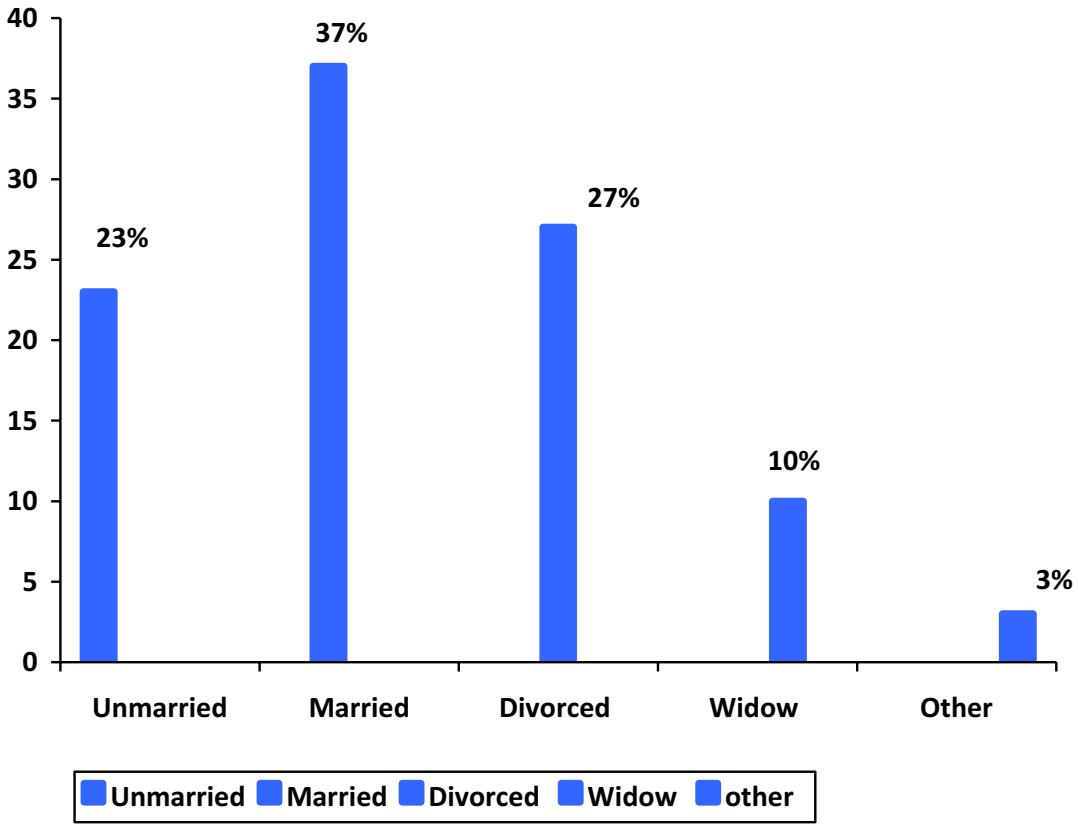


Fig No.4 Column Graph showing percentage of women according to marital status

The Table No.2 & Fig.No.4 shows that marital status of the women with hypertension in which 11 (37%) were married, 8 (27%) were divorced and 7 (23%) unmarried, 3 (10%) are widows & 1 (3%) is a destitute.

Table : 3 Frequency and percentage distribution of women with hypertension according to education.

n = 30

Education	Frequency	Percentage
Illiterate education	11	37
Primary education	13	44
Middle school education	1	3
High School	4	13
Higher Secondary	1	3
Graduate	-	-

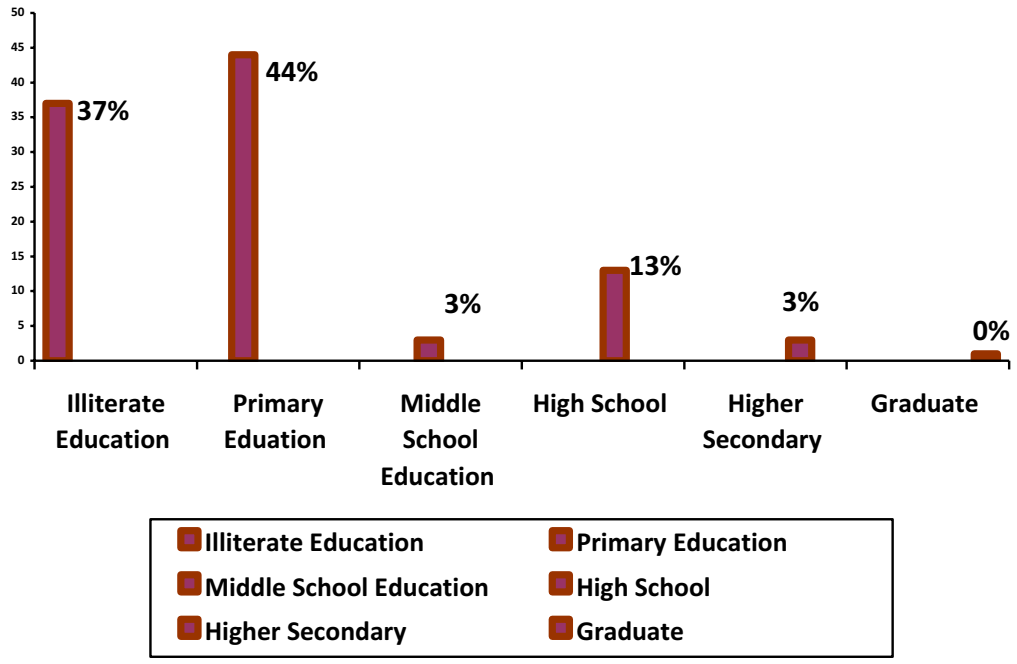


Fig No.5 Column Graph showing percentage of women according to Education

The Table No.3 & Fig.No.5 shows that in education most of the women with hypertension 13 (44%) studied up to primary education, 11 (37% were illiterate. 4(13%) studied up high school education, 1 (3%) studied upto middle school & higher school education each.

Table 4 Frequency and percentage distribution of women with hypertension according to occupation.

n = 30

Occupation	Frequency	Percentage
Professional	-	-
Semi – Professional (Social Work, Librarian)	-	-
Farmers	23	77
Skilled (Painters, Plumbers)	3	10
Semi – Skilled (Labour)	4	13
Unskilled	-	-

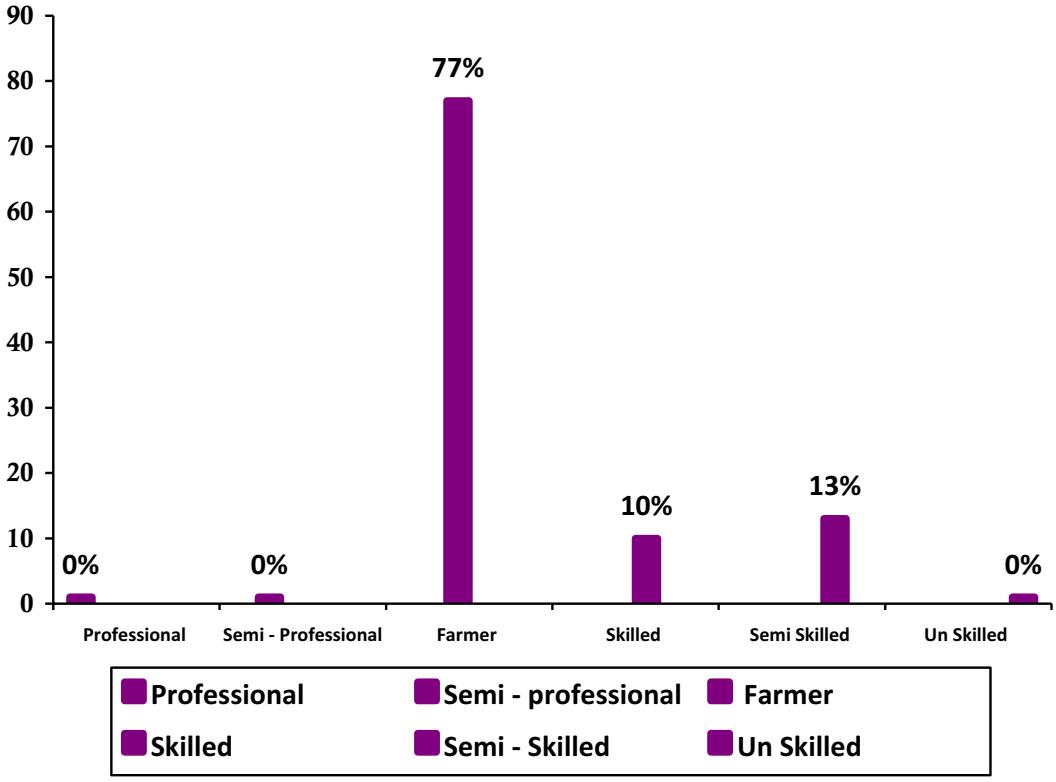


Fig No.6 Column Graph showing percentage of women according to Occupation

The Table No. 4 & Fig.No.6 reveals that 23 (77%) majority of them working as farmers, 3 (10%) of them working as skilled 4 (13%) of them working as semi skilled.

Table : 5 Frequency and percentage distribution of women with hypertension according to monthly family income.

n = 30

Monthly Family Income (INR) ₹	Frequency	Percentage
3000 or below	3	10
3001 – 5000	25	83
5001 – 7000	2	7
7001 – 9000	-	-
Above 9000	-	-

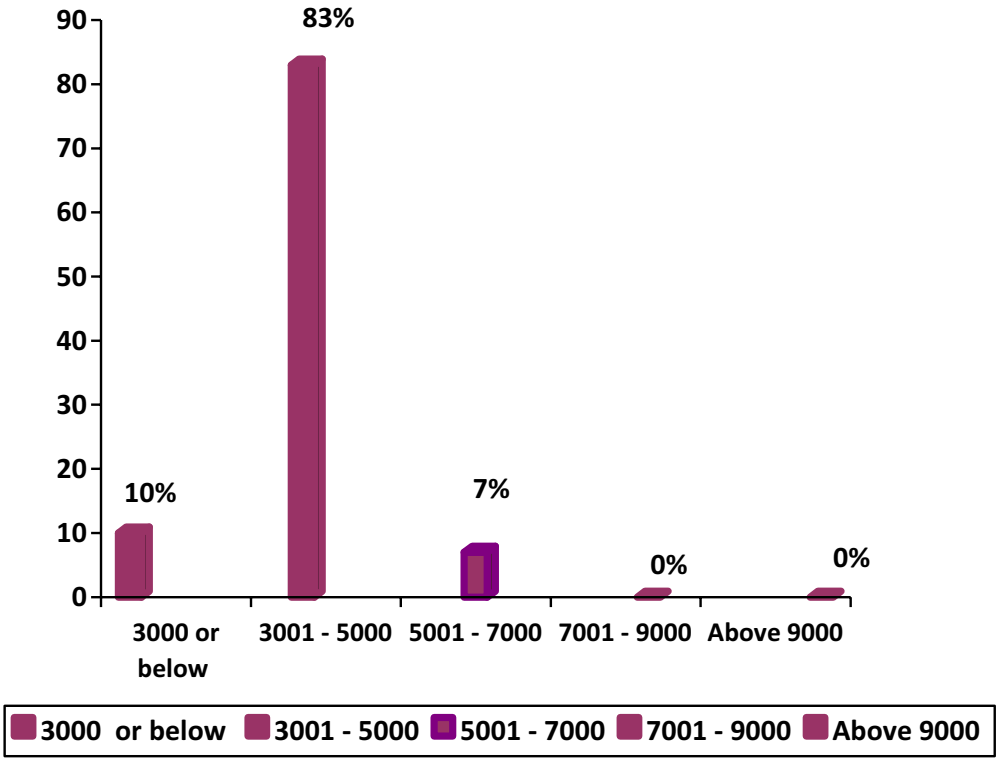


Fig No.7 Column Graph showing percentage of women according to monthly family income

The Table No. 5 & Fig.No.7 shows that 25 (83%) were in the category of Rs.3001 – 5000, family monthly income 3 (10%) category of 3000 or below 2 (7%) the category of 5000 – 7000 in Indian Rupees.

Table 6: Frequency and percentage distribution of women with hypertension according to Co – morbid conditions

n = 30

Co – Morbid condition	Frequency	Percentage
None	24	80
Diabetes Mellitus	-	-
Arthritis	1	3.3
Renal Problems	-	-
Asthma	4	13.3
Infertility	1	3.3

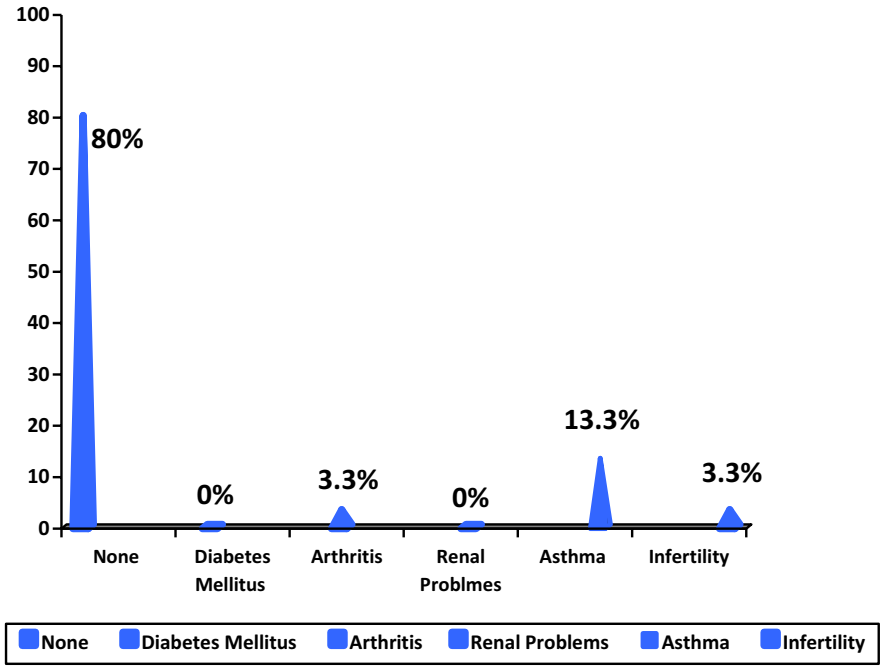


Fig No.8 Column Graph showing percentage of women according to Co- Morbid Condition

The Table No.6 & Fig.No.8 shows that 24 (80%) of women are suffering from hypertension 4 (13.3%) of women are suffering from asthma and 1 (3%) suffering from infertility.

Table 7: Frequency and percentage distribution of women with hypertension according to no of children.

n = 30

No. of Children	Frequency	Percentage
0	1	3.3
1	2	6.6
2	-	-
3	8	26.8
4	16	53.3
More than 4	3	10

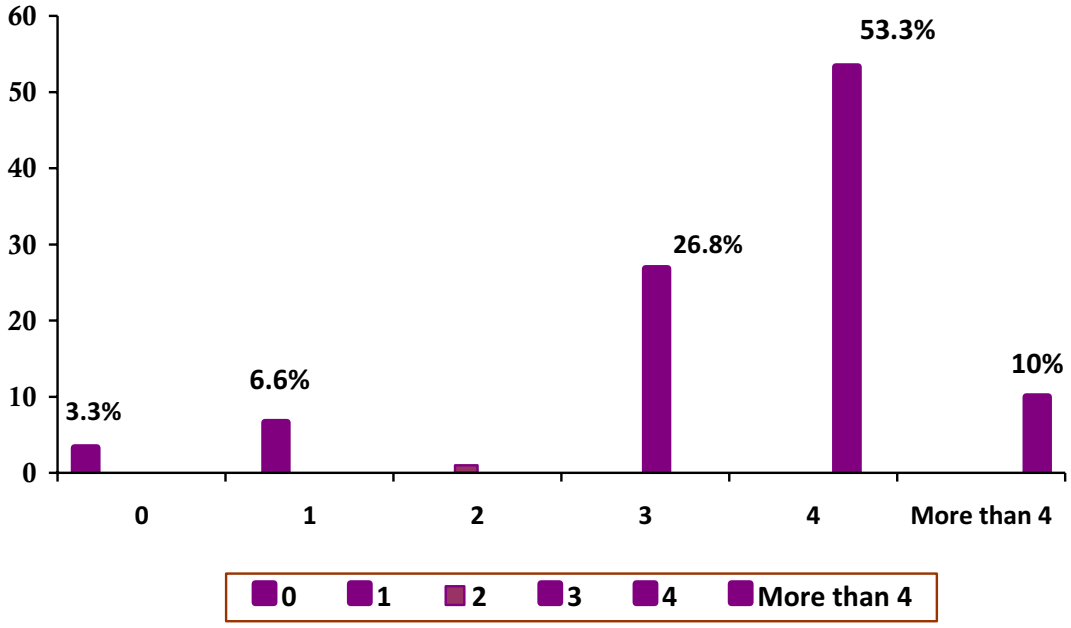


Fig No.9 Column Graph showing percentage of women according to No of Children

The Table No. 7 & Fig.No.9 depicts that maximum numbers of women 16 (53.3%) had 4 children, 8 (26.8%) had 3 children, 3 (10%) had more than 4 children, 2 (6.6%) had 1 Child, 1 (3.3%) had no child.

Table 8 : Frequency and percentage distribution of women according duration of hypertension, in years.

n = 30

Duration of Hypertension	Frequency	Percentage
3 years or below	8	26.8
4 - 7 Years	9	30.0
8 – 11 Years	8	26.8
12 years or more	5	16.4

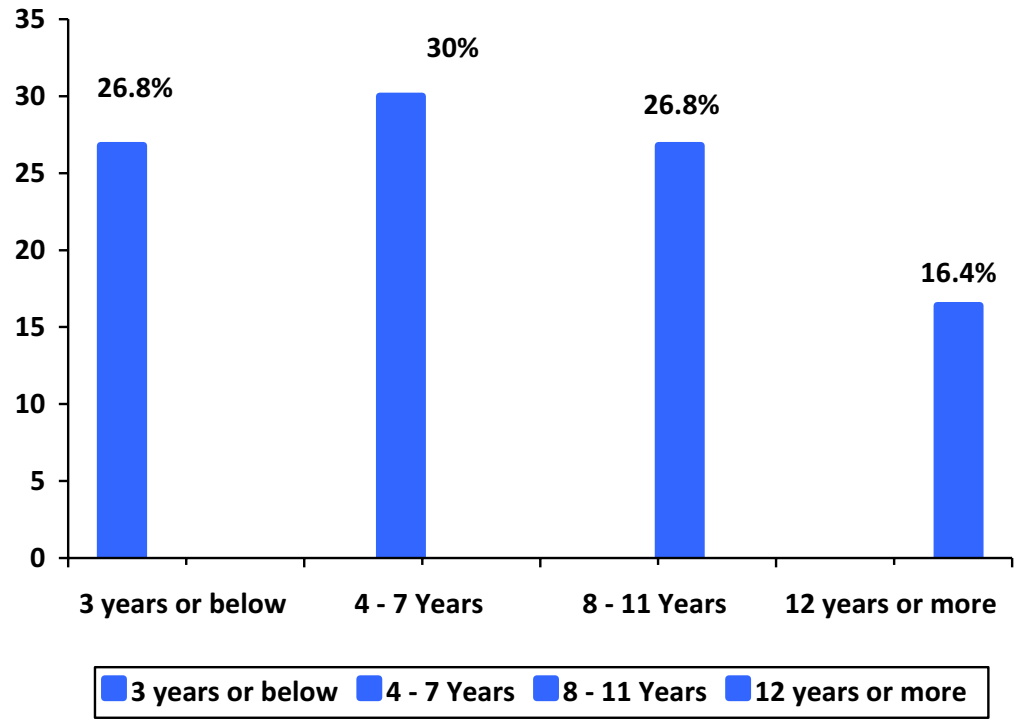


Fig No.10 Column Graph showing percentage of women according to Duration of Hypertension

The Table No. 8 & Fig.No.10 depicts the duration of hypertension among women out of which 9 (30%) had been diagnosed and on treatment for 4 – 7 Years, 8 (26.8%) for 5- 7 Years and 3 years or below, 5 (16.4%) 12 years or more on treatment.

Table 9: Frequency & percentage distribution of women with hypertension on regular treatment.

n = 30

Regular treatment	Frequency	Percentage
No	4	13
Yes	26	87

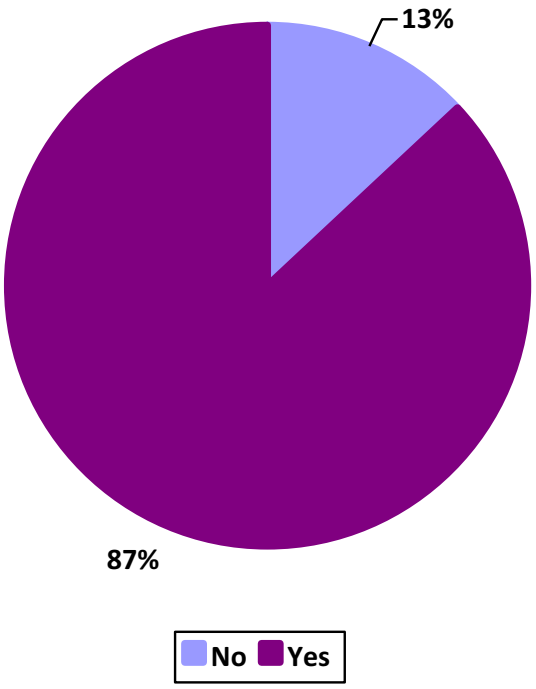


Fig No.11 Pie Graph showing percentage of women according to On regular treatment

The Table No.9 & Fig.No.11 depicts that 26 (87%) were on regular treatment, 4 (13%) were not on regular treatment.

Table 10: Frequency & percentage distribution of women according to family history of hypertension.

n = 30

Is there family history of Hypertension	Frequency	Percentage
No	27	90
Yes	3	10

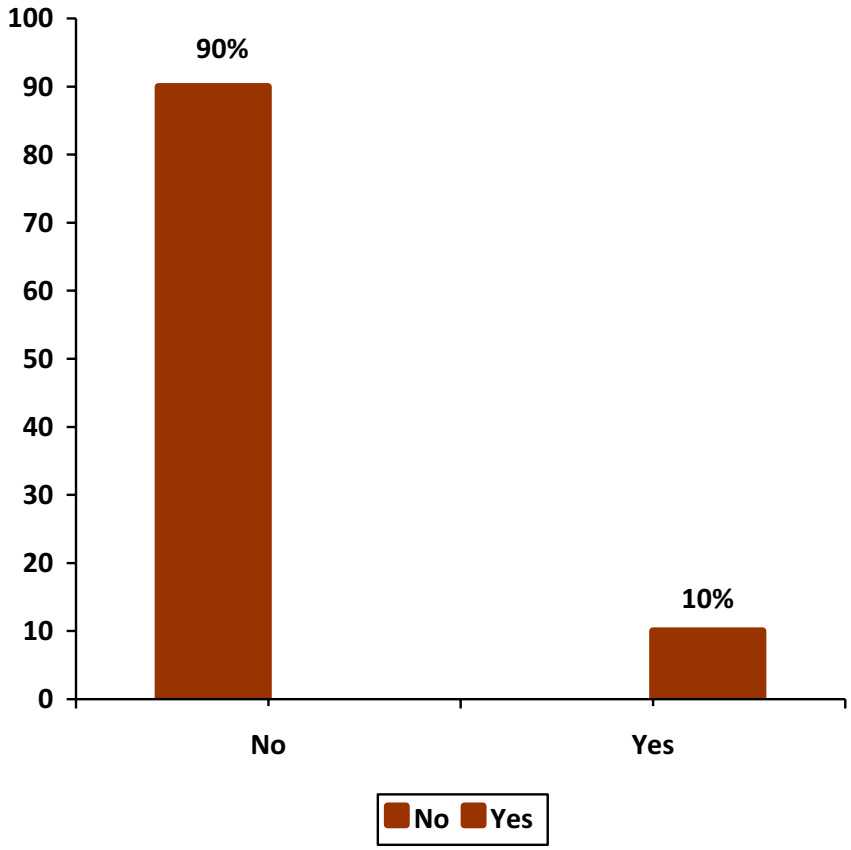


Fig No.12 Column Graph showing percentage of women according to Family History of Hypertension

The Table No.10 & Fig.No.12 depicts that there no family history of hypertension in 27 (90%) & positive History of hypertension among 3 (10%).

Table 11 : Frequency and percentage distribution of women according to family history of hypertension if yes.

n = 3

If yes (related)	Frequency	Percentage
Parents (Mother)	1	33
Siblings (Brothers & Sisters)	2	67
Others	-	-

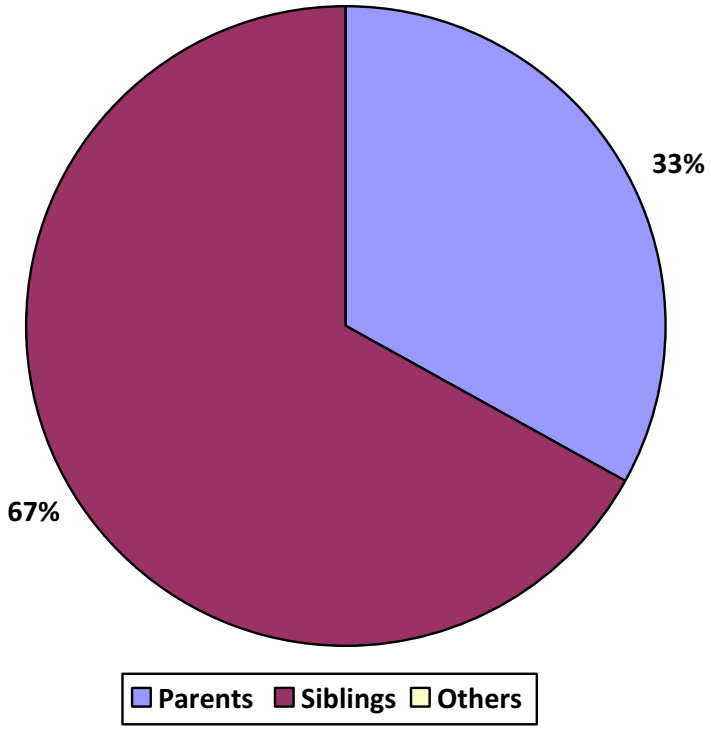


Fig No.13 Pie Graph showing percentage of women according to Family History of Hypertension (If Yes Related)

The Table No. 11 & Fig.No.13 depicts that 1 (33%) of samples parents (mother) have history of hypertension 2 (67%) of samples siblings (brother & sister) have history of hypertension.

Table 12 : Frequency & percentage distribution of women with hypertension according to daily salt intake.

n = 30

Daily salt intake	Frequency	Percentage
Less than 5 Grams	-	-
5 – 10 Grams	15	50
More than 10 Grams	15	50

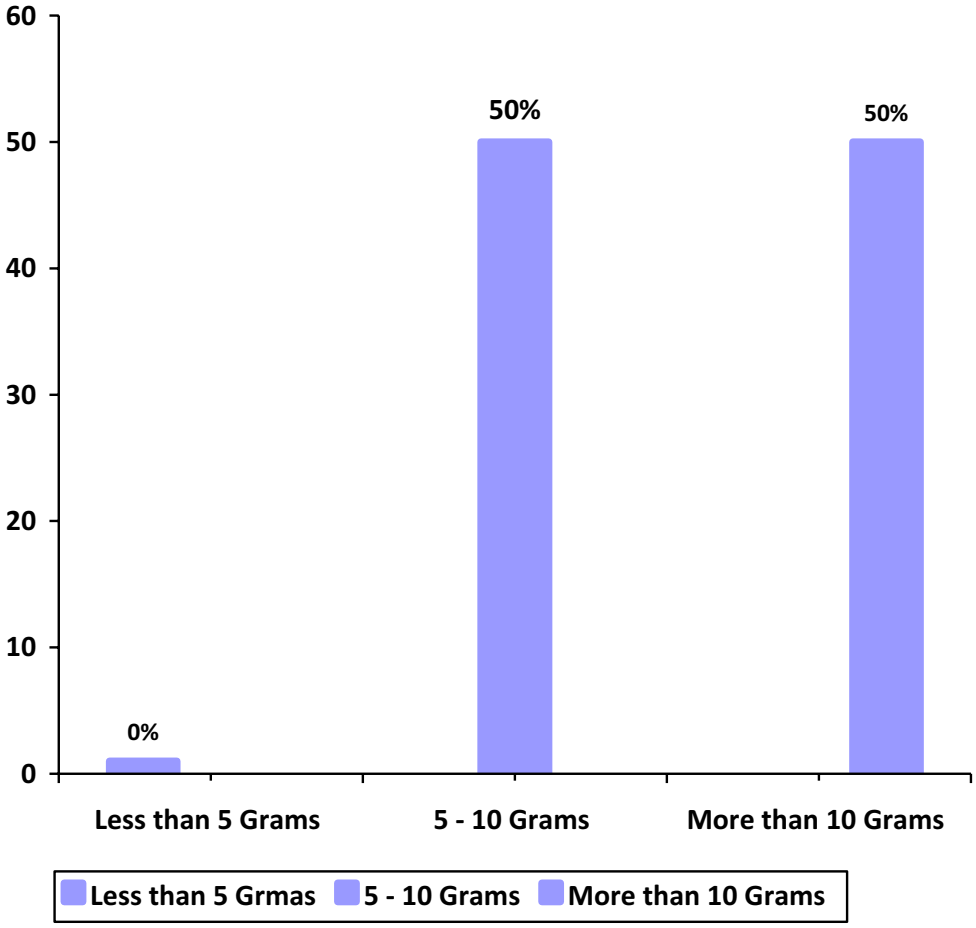


Fig No.14 Column Graph showing percentage of women with hypertension daily salt intake

The Table No. 12 & Fig.No.14 shows that 15 (50%) consumes daily salt intake of 5 - 10 Grams, 15 (50%) consumes daily salt intake of 10 Grams.

Table 13: Frequency & percentage distribution of women with hypertension sleeping pattern at night.

n = 30

Sleeping Pattern	Frequency	Percentage
6 Hours or less	5	16.6
9 – 8 Hours	15	50.0
8- 10 Hours	9	30.0
More than 10 Hours	1	3.3.

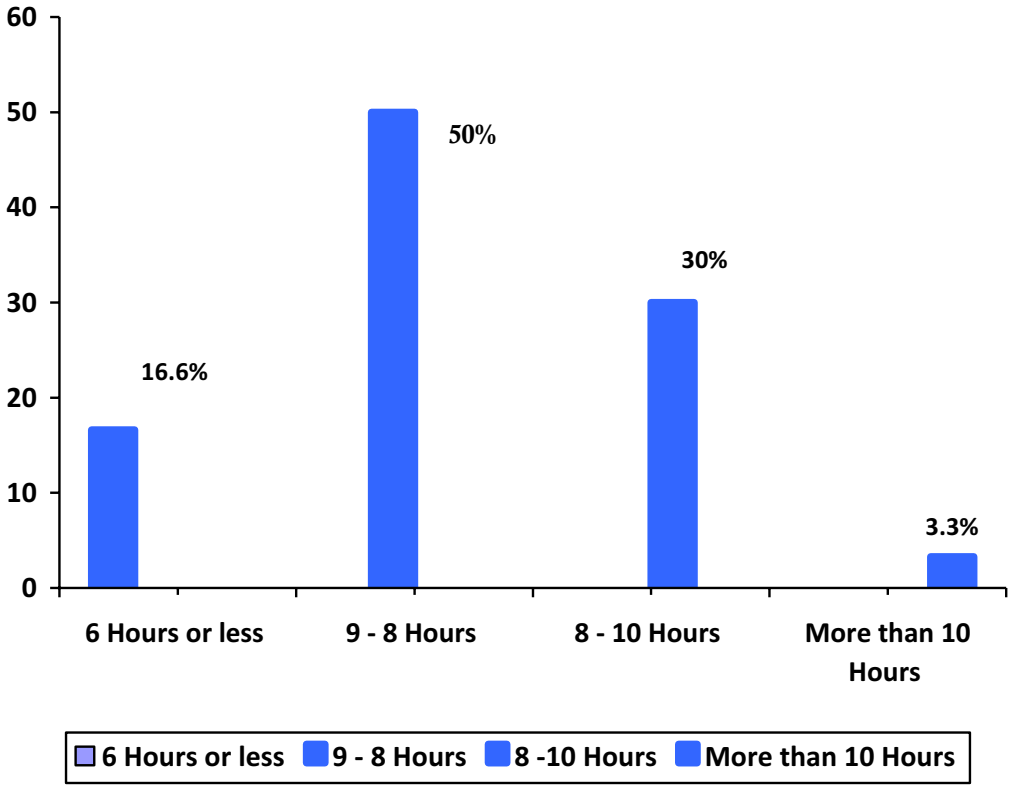


Fig No.15 Column Graph showing percentage of women with hypertension sleeping pattern at night

The Table No. 13 & Fig.No.15 depicts that 15 (50%) sleeps between 9 - 8 Hours per Night, 9 (30%) sleeps 8 - 10 hours per night, 5 (16.6%) sleeps 6 hours or less ,1 (3.3%) sleeps more than 10 hours per night.

Table 14: Frequency and percentage distribution of women hypertension according to leisure time activities :

n = 30

Leisure time activities	Frequency	Percentage
Watching TV	30	100
Reading Books	-	-
Others	-	-

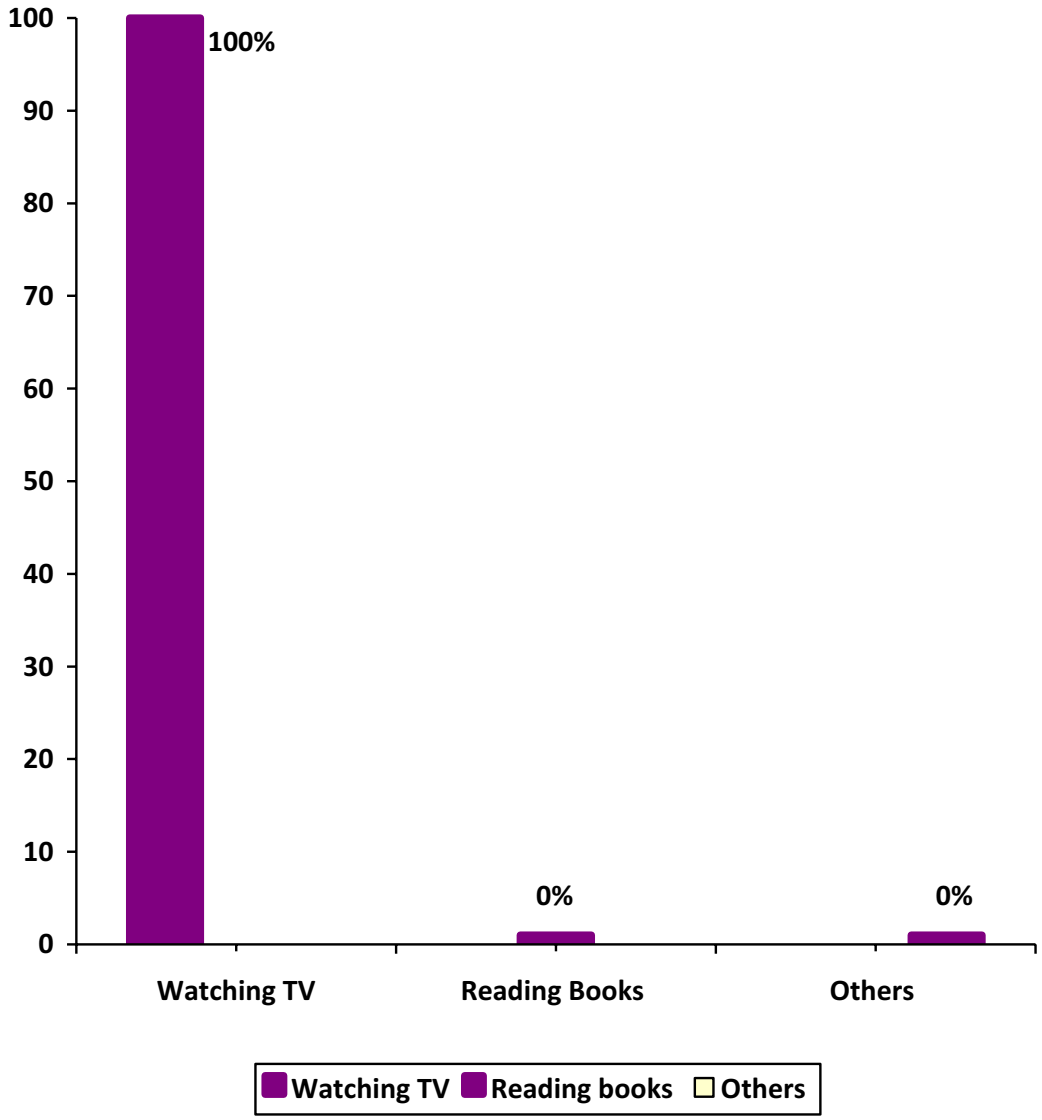


Fig No.16 Column Graph showing percentage of women hypertension according to leisure time activities

The Table No. 14 & Fig.No.16 shows that 30 (100%) are Watching TV.

Table 15: Frequency & percentage distribution of levels of hypertension among women.

n= 30

Hypertension	Pre Test				Post Test			
	Systolic		Diastolic		Systolic		Diastolic	
	No.	%	No.	%	No.	%	No.	%
Pre hypertension (120-139) (80-89)	7	23.3	9	0	12	40	14	47
Stage I (140-159) (90-99)	18	60	16	53	18	60	16	53
Stage II(> 160) (>100)	5	16.7	5	17	-	-	-	-

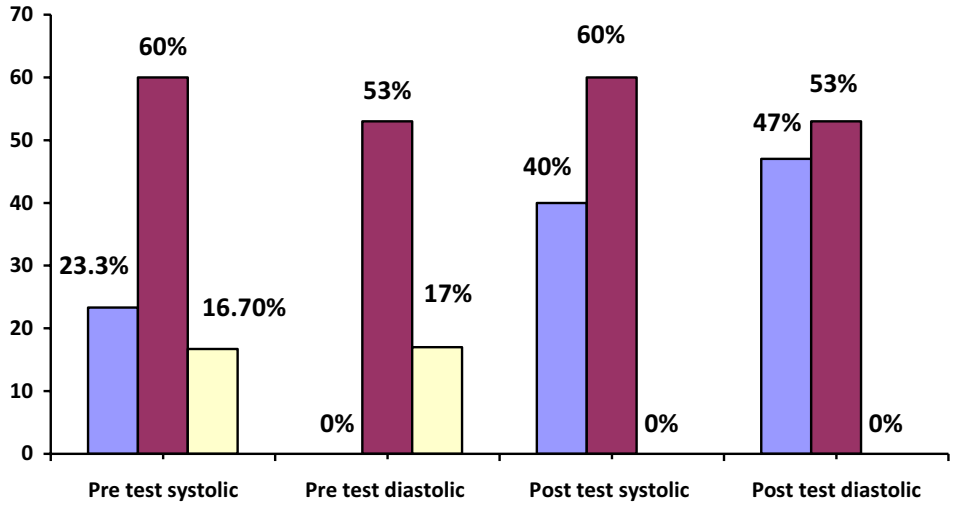


Fig No.17 Column Graph showing percentage distribution of Pre and Post test levels of hypertension among women.

The Table No.15 and Fig.No.17 depicts the measurement of blood pressure and the results are interpreted as follows. 7 (23.3%) Samples in the category of pre hypertension, 18 (60%) was found to be in Stage I hypertension and 5 (16.7%) are in Stage II hypertension. In post test 12 (40%) have blood pressure in the category of pre hypertension, 18 (60%) are in Stage I hypertension and none of the women were in stage II hypertension.

SECTION : II

ANALYSIS OF THE LEVELS OF STRESS AMONG WOMENS WITH HYPERTENSION:

Table 16 : Frequency & percentage distribution of levels of stress among women with hypertension. **n=30**

Levels of Stress	Pre Test		Post Test	
	No	Percentage	No	Percentage
Mild (4 point or less)	-	-	9	30
Moderate (5- 13 Point)	-	-	21	70
Severe (14 points or more)	30	100	-	-

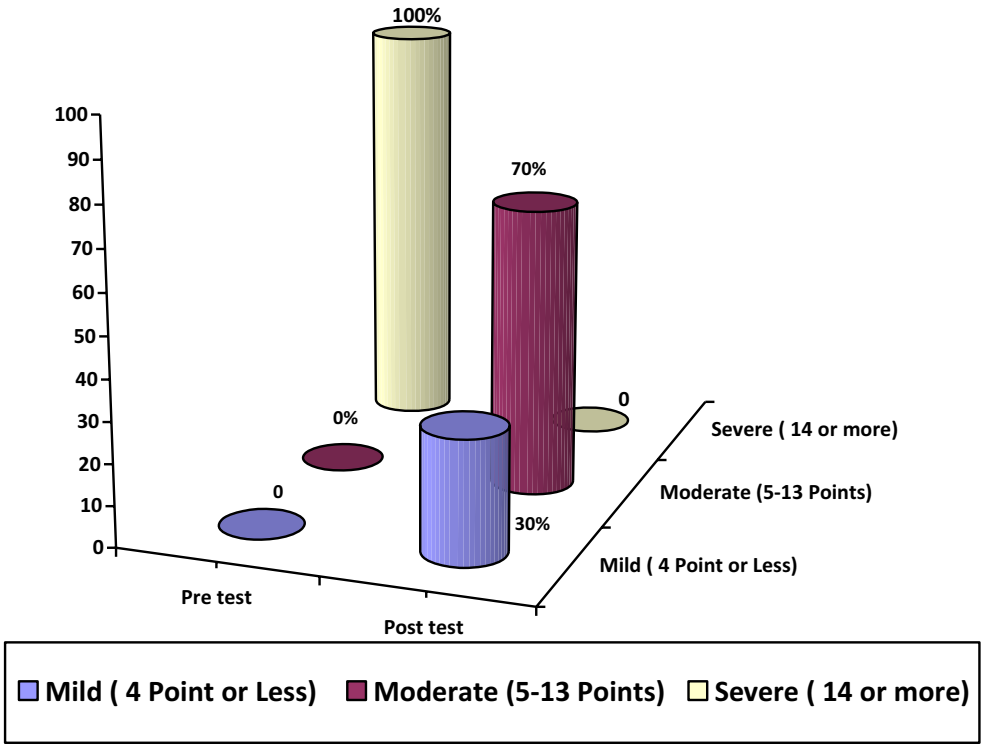


Fig No.18 Column Graph showing percentage distribution of Pre and Post test scores for stress among women with hypertension

The Table No. 16 & Fig.No.18 depicts that in pre test 30 (100%) of women had severe levels of stress and none of them had mild or moderate levels of stress. In post test none of the women with hypertension had severe levels of stress, 9 (30%) of women with hypertension had mild levels of stress and 21 (70%) of women with hypertension hand moderate level of stress after yogasana therapy.

Table : 17 Mean, Standard deviation & paired 't' value of Pre & Post test levels of stress among women with hypertension. **n=30**

S.No.	Pre test	Post test	Difference pre – post test	Paired 't' value
Mean	22.2	5.53	16.67	43.65*
Standard Deviation	0.574	2.05	1.476	

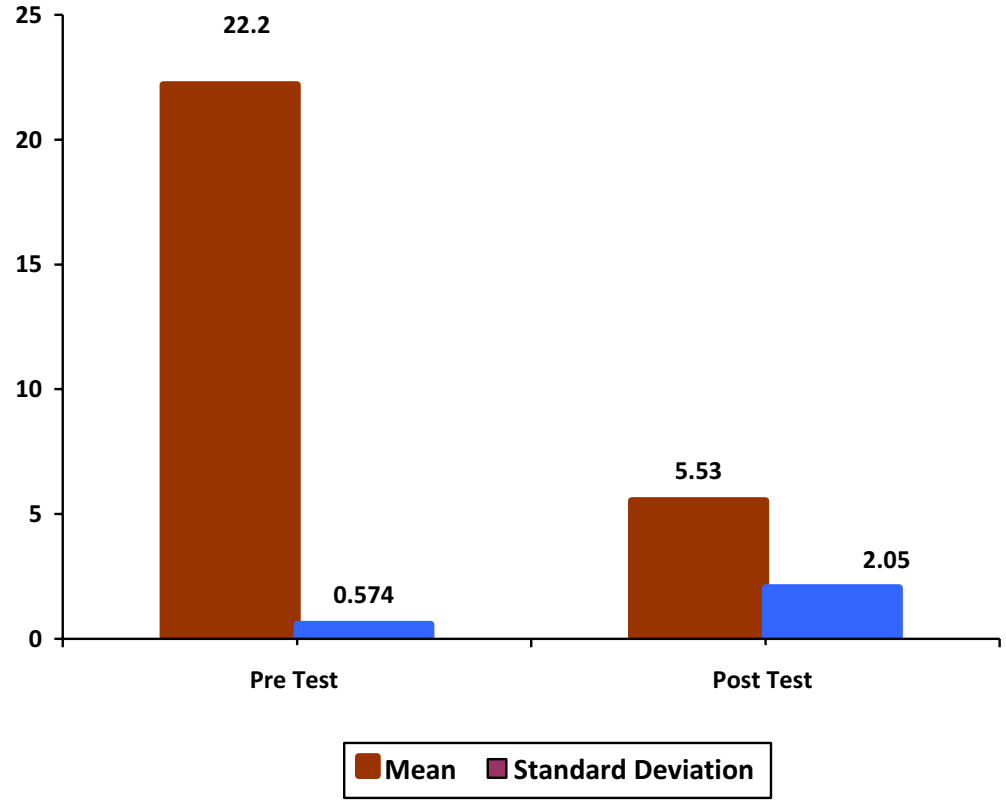


Fig No.19 Column Graph showing percentage distribution of Mean, Standard deviation & paired 't' value of Pre & Post test levels of stress among women with hypertension.

The Table No. 17 & Fig.No.19 reveals that mean of pre test levels of stress among women with hypertension is 22.2 and standard deviation is 0.574 and post test mean score is 5.53 and standard deviation is 2.05 and differences between pre test & post test is 16.67 and 1.476 respectively. The't' value is 43.65 is greater than that of the table value is 4.60 at $P<0.01$. This shows that yogasana therapy is effective in reducing levels of stress among women with hypertension. Hypothesis H_1 is accepted.

SECTION : III

Table 18 : Association of selected Demographic variables and Post test levels of stress among women with hypertension.

n=30

Demographic Variables	Levels of Stress						'Chi'-Square x^2
	Mild		Moderate		Severe		
	No	%	No	%	No	%	
Age Group (Years)							
36 – 40	-	-	1	3.3	-	-	1.973 NS
41 - 45	-	-	3	10	-	-	
46 – 50	5	16.7	10	33.3	-	-	
51 - 55	4	13.3	7	23.4	-	-	
Marital Status							
Un-married	5	16.7	2	6.7	-	-	5.72 NS
Married	1	3.3	10	33.3	-	-	
Divorced	2	6.7	6	20	-	-	
Widow / Widower	-	-	3	10	-	-	
Others	-	-	1	3.3	-	-	
Education							
Illiterate	1	3.3	10	33.3	-	-	8.79 NS
Primary Education	6	20.0	7	23.5	-	-	
Middle Schools Education	1	3.3	-	-	-	-	
High Education School	-	-	4	13.3	-	-	
Higher School Secondary	-	-	1	3.3	-	-	
Graduate	-	-	-	-	-	-	

Demographic Variables	Levels of Stress						'Chi'-Square x^2
	Mild		Moderate		Severe		
	No	%	No	%	No	%	
Occupation							
Professional	-	-	1	3.3	-	-	
Semi Professional (Social Worker , librarian)	-	-	-	-	-	-	
Farmers	9	30	14	46.7	-	-	4.98
Skilled (Painters, Plumbers)	-	-	3	10	-	-	NS
Semi – Skilled (Labour)	-	-	3	10	-	-	
Un Skilled	-	-	-	-	-	-	
Monthly Family Income ₹							
3000 or below	-	-	3	10	-	-	
3001 – 5000	-	-	-	-	-	-	
5000 – 7000	9	30	-	-	-	-	12.59 NS
7001 – 9000	-	-	18	60	-	-	
Above 9000							
Co – Morbid Condition							
None	24	80	-	-	-	-	
Diabetes Mellitus	-	-	-	-	-	-	
Arthritis	1	3.3	-	-	-	-	4.98
Renal Problems	-	-	-	-	-	-	NS
Asthma	-	-	4	13.3	-	-	
Infertility	1	3.3	-	-	-	-	

Demographic Variables	Levels of Stress						'Chi'-Square x^2
	Mild		Moderate		Severe		
	No	%	No	%	No	%	
No of Children							
0	1	3.3	-	-	-	-	29.8* S
1	2	6.6	-	-	-	-	
2	-	-	-	-	-	-	
3	8	26.8	-	-	-	-	
4	10	33.3	6	20	-	-	
More than 4	3	10	-	-	-	-	
Duration of Hypertension							
3 years or below	4	13.2	4	13.2	-	-	8.412 NS
4 - 7 Years	5	16.7	4	13.2	-	-	
8 – 11 Years	2	7.0	6	20	-	-	
12 years or more	-	-	5	16.7	-	-	
Regular Treatment on Hypertension							
No	1	3.3	3	10	-	-	0.067 NS
Yes	8	26.7	18	60	-	-	
Is there family history of hypertension							
No	9	30.0	18	60.0	-	-	- NS
Yes	1	3.3	2	6.7	-	-	

Demographic Variables	Levels of Stress						'Chi'-Square x^2
	Mild		Moderate		Severe		
	No	%	No	%	No	%	
If yes related							
Parents (Mother)	-	-	1	33.4	-	-	0.731 NS
Siblings (Brother & Sister)	1	33.3	1	33.3	-	-	
Others	-	-	-	-	-	-	
Daily Salt Intake							
Less than 5 Grams	-	-	-	-	-		0.17 N.S
5 Grams	5	16.7	10	33.3	-	-	
10 Grams	5	16.7	10	33.3	-	-	
Sleeping Pattern							
6 Hours to less	5	16.7	-	-	-	-	2.53 NS
6 – 8 Hours	10	33.3	5	16.7	-	-	
8- 10 Hours	9	30.0	-	-	-	-	
More than 10 Hours	1	3.3	-	-	-	-	
Leisure Time activities							
Watching T.V	30	100	-	-	-	-	0 NS
Reading Books	-	-	-	-	-	-	
Others	-	-	-	-	-	-	

Demographic Variables	Levels of Stress						'Chi'-Square x^2
	Mild		Moderate		Severe		
	No	%	No	%	No	%	
15. Bio physiological variable (WHO classification)							
Pre hypertension (120 – 139)	8	60	6	40	-	-	0 NS
Stage – I (140 – 159) (90 – 99)	8	50	8	50	-	-	
Stage – II (>160) (>100)	-	-	-	-	-	-	

Key : S – Significant, *P<0.05

NS : Not Significant

INTERPRETATION:

The Table No.18 shows the 'chi' – square values of selected demographic variables on post test score levels of levels of stress among women with hypertension.

The 'chi' – square value of demographic variables such as no. of children are significant p level at ($p<0.05$) level. The demographic variables such as age marital status, education, occupation, family monthly income, co – morbid condition, history of hypertension, regular treatment, family history of hypertension, daily salt intake, sleeping pattern at night, leisure time activities, Bio physiological variable (WHO classification) are not significant. Hypothesis H_2 is accepted.

CHAPTER – V

RESULTS AND DISCUSSION

The results of study have been discussed in relation to the effectiveness of Yogasana Therapy in reducing levels of stress among with Hypertension clients. A total number of 30 women diagnosed with Hypertension were selected for this study. The level of stress of each patients was assessed before and after Yogasana Therapy was implemented.

The first objective was to assess the pretest levels of stress among women with hypertension :

The assessment levels of stress among women with Hypertension was carried out at Unai Vaniyambadi . The patients who met the inclusion criteria were selected and for each of them demographic variables were assessed. The measurement of blood pressure and the results are interpreted as follows. 7 (23.3%) Samples in the category of pre hypertension, 18 (60%) was found to be in Stage I hypertension and 5 (16.7%) are in Stage II hypertension. In post test 12 (40%) have blood pressure in the category of pre hypertension, 18 (60%) are in Stage I hypertension and none of the women were in stage II hypertension.

The levels of stress were assessed using **ISMA stress Questionnaire** among women with hypertension. 30 (100%) had severe level of stress and no one had moderate or mild level of stress in the pre test. The post test score showed that the majority of patients 21 (70%) had moderate level of stress and 9 (30%) had mild level of stress.

This study was supported by **Paul (2014)** where the levels of stress was assessed among women with hypertension. Rahe Homless stress scale was used to assess the levels of stress for 30 samples. In pretest 20 had severe levels of stress and 10 had moderate levels of stress. After yogasana therapy in post test 25 had moderate levels of stress and 5 had mild levels of stress. The data identified from the study showed that The mean = 24 and (SD±2.4) "It shows that levels of stress was high in among women with hypertension.

This study findings was supported by **Suresh (2012)** who assessed the levels of stress among 30 women with hypertension. Cohen perceived stress scale were used to assess the levels of stress among women with hypertension. In pretest 30 had severe levels of stress. After yogasana therapy in post test 15 had moderate levels of stress and 15 had mild levels of stress. The data identified from the study showed that the mean = 28 and (SD=2.56). It shows that levels of stress was high among women with hypertension.

The second objective was to assess the effectiveness of yogasana therapy on levels of stress among women with hypertension.

The data identified from the present study shows that After yogasana therapy the levels of stress among women with hypertension in Unai Vaniyambadi, at Anaicut Vellore, reduced from severe level of stress from (100%) to (70%) moderate levels of stress & (30%) mild levels of stress.

The study findings revealed that the pretest mean value was 22.2 and standard deviation is 0.574. After the yogasana therapy the posttest mean was 5.53 and standard deviation is 2.05. The mean difference was 16.67. The calculated paired "t" value (43.6) was greater than the table value (2.76) which was statistically significant at $p<0.001$ level proving high effectiveness of yogasana therapy reduces levels of stress among women with hypertension. Hence hypothesis H_1 was accepted.

This study was supported by **Liu (2012)** which studied effects of yogasana therapy Interventions such as yogasana therapy to improve levels of stress among women. Padmasana and shavasana were performed in 5 weeks for 15 minutes daily . The paried “t” value (2.88) was greater than table (3.46). There was a significant difference levels of stress at the level $p<0.01$. Effectiveness of yogasana therapy reduces levels of stress among women with hypertension.

This study was supported by **Shiny (2011)** who studied the Effects of yogasana therapy in levels of stress among women with hypertension at selected community area. The study aimed to measure the effects of yogasana therapy for 6 weeks for 100 samples. Stress was assessed by sheehan stress vulnerability questionnaire. Pranayama was performed 3 times per week. There was a significant difference in effectiveness of yogasana therapy revealed by paired “t” value (34.6) which was greater than table value (2.08). There was a significant difference in levels of stress at the level of $p<0.01$. The data suggested that after 6 weeks of yogasana levels of stress was reduced among women with hypertension. Thus the yogasana therapy helps in reducing levels of stress.

The Third objective was to find out the association between the post test levels of stress among women with hypertension and selected demographic variable

The data identified from the present study showed the demographic variables such as no. of children are significant at ($p<0.05$) level. The demographic variables such as age marital status, education, occupation, family monthly income, co – morbid condition, history of hypertension, regular treatment, family history of hypertension, daily salt intake, sleeping pattern at night, leisure time activities, Bio physiological variable (WHO classification) are not significant with selected demographic variables. Hence H_2 hypothesis was accepted.

Daniel (2013) A study was conducted to find out the association of stress with hypertensive clients for the convenience of computation and tabulation the researcher had clubbed age group as above 50 years and below 50 years. The significant correlates were age of children, history of hypertension which was significant at $p <0.05$ level. There is no significant association in the demographic variables like sex, education, duration of illnesses, socio- economic status at $p<0.05$ level.

The study was supported by **Varaginese (2011)** he conducted a cross sectional study to assess the level of stress among women with hypertension using stress symptom scale on aged ≥ 30 years ($N = 50$) from community, Canada. The demographic variables such as, no.of children, sleeping pattern were associated at $p<0.05$. Hence the result reveals that there was an association between post test blood pressure levels of, no.of children, sleeping pattern.

CHAPTER-VI

SUMMARY CONCLUSIONS AND RECOMMENDATIONS

In this chapter the Summary of the study, Conclusions, Implications and Recommendations for further researches are presented.

A. SUMMARY OF THE STUDY

The present study was conducted to find out the effectiveness of yogasana therapy on levels of stress among women with hypertension at selected rural area, Vellore. One group pre and post test pre-experimental design study was used for this study. The conceptual frame work was based on KOLCABA THEORY OF COMFORT. The instrument used for data collection was ISMA stress questionnaire to assess the levels of stress of the samples which included a pre and post test measure.

A sample of 30 women with hypertension were selected by the purposive sampling technique. Descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (paired 't ' test and chi-square) were used to analyze the data to test the study hypotheses.

The study findings are summarized below

The measurement of blood pressure and the results are interpreted as follows. 7 (23.3%) Samples in the category of pre hypertension, 18 (60%) was found to be in Stage I hypertension and 5 (16.7%) are in Stage II hypertension. In post test 12 (40%) have blood pressure in the category of pre hypertension, 18 (60%) are in Stage I hypertension and none of the women were in stage II hypertension.

In the pretest score out of 30 smaples, the women 7 (23.3%) had pre hypertension. 18 (60%) had stage – I, 5 (16.7%) had stage – II. After yogasana therapy in post test 12 (40%) In the pre-test score out of 30 samples, all of the women 30 (100%) had severe level of stress. After assessment yogasana therapy was given. In post test score after giving yogasana therapy most of the women 21(70%) had moderate levels of stress, 9 (30%) had mild levels of stress and none of them had severe levels of stress.

The paired 't' value is 43.65 so interpretation is greater than the table value (3.66) which is significant at the level of $p < 0.01$ level. So the intervention of yogasana therapy was effective in reducing stress among women with Hypertension. There was remarkably lowered levels of stress after practicing the yogasana therapy for patients with hypertension. Hence H_1 hypothesis was accepted.

There was a significant association found between the number of children at $p<0.05$ level. There was no significant association between the levels of stress and other demographic variables such as age, Marital status, education, occupation, family monthly income, co-morbid conditions, Duration of hypertension, Regularity treatment, family history of hypertension, practising any other exercises, daily salt intake, leisure time activities, sleeping pattern at night, Bio physiological variable (WHO classification) among women with hypertension clients. Hence H_2 hypothesis was accepted.

B.CONCLUSIONS

- The following conclusions were drawn from the study.

1. The majority of the women had severe levels of stress regarding hypertension. The yogasana therapy is reducing the levels of stress. There is a significant decrease in the level of stress among women with women.

2. The findings of the study were consistent with the review of literature and based on the method of sample selection and supports the study. The findings may be generalized to the women in different parts of rural Tamil nadu.

C.IMPLICATIONS FOR NURSING

Yogasana therapy plays a major role in reducing stress among patients with hypertension.

Nursing practice:

- Pratical sections for the nurses can be encourage to improve knowledge & skill in giving yogasana therapy.

- Evidence based practice should be encouraged about use of yogasana therapy in nursing practice. In various community health centres by undergoing proper yogasana training. To reduce blood pressure among hypertension.

- Yoga classes can be conducted in the primary health centre to reduce stress among hypertension patients.

Nursing education:

- Nursing student can be motivated to do yogasana regularly for the mind & body relaxation and relief from stress.

- Continuing nursing education programme can organize yogasana thereapy classes for staff nurses.

Nursing administration:

- Nurse administrator can be implement policy change to incorporate AYUSH and complementary therapies.

- Nurse administrator motivate the staff nurse to use yogasana therapy towards patient care.

Nursing Research:

- Further studies can be conducted on effect of yogasana therapy on hypertension through IEC activities.

D. RECOMMENDATIONS FOR FURTHER RESEARCH

On the basis of the study that had been conducted suggestions are given for future studies

- A similar study can be done on 100 samples for long period seeing effectiveness of yogasana therapy.

- A long term-follow up studies can be conducted to find out the effectiveness of yogasana therapy.

- Comparative study can be conducted between rural and urban area.

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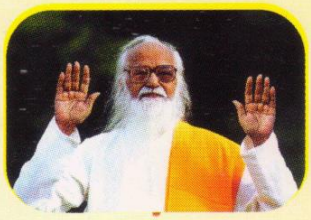
APPENDIX – A

Vazhga Vaiyagam



Vazhga Valamudan

WALAJAPETTAI MANAVALAKALAI MANDRAM (MVKM) TRUST

(THE WORLD COMMUNITY SERVICE CENTRE - ATTACHED)

SRI SHANMUGA SARASWATHY ILLAM CAMPUS

247-A, Barathy Street, Belliyappa Nagar, Walajapettai,
Vellore District, Pin - 632 513.
Regd.No:340/2009, TN 204/2009

CERTIFICATE

This is to certify that

Thiru/Tmt/Selvan/Selvi.....V. ARCHANA VELU.....

has Successfully participated in the .....

Personality Development Course/~~Students Course/Summer Course~~

for

"YOGA FOR HUMAN EXCELLENCE"

Held at...KALAJAPET MVKM TRUST.....

From...25.05.15.....to...23.06.15.....

sky Yoga

Be Blessed by the Divine Power

23/6/15

For President

Walajapettai MVKM Trust

APPENDIX – B

பொதுசுகாதாரம் மற்றும் நோய்தடுப்பு மருந்துத்துறை

விடுநர்	பெறுநர்
டாக்டர்.க.பூங்கொடி,MBBS,DPH., துணைஇயக்குநர் சுகாதாரப்பணிகள், வேலூர் - 632 009.	முதல்வர் ஸ்ரீநாராயணி செவிலியர் கல்லூரி மற்றும் பயிற்சிபள்ளி ஸ்ரீநாராயணி மருத்துவமனை மற்றும் ஆராய்ச்சி மையம், ஸ்ரீபுரம், திருமலைக்கோடி, வேலூர் - 632 055

ந.க.எண்:5122/அ5/2015, நாள்:6.8.2015

அய்யா,

பொருள்: பொதுசுகாதாரம் - வேலூர் மாவட்டம் ஸ்ரீநாராயணி செவிலியர் கல்லூரி மற்றும் பயிற்சிபள்ளியில் பயிலும் செல்வி V.அர்ச்சனா, M.Sc., அவர்கள் "Effectiveness of Yoga Theraphy on Levels of Stress among adults with hypertension at selected rural area, Vellore என்ற தலைப்பில் அய்வு மேற்கொள்வதற்கு அணைக்கட்டு, ஆரம்ப சுகாதார நிலையத்தில் அனுமதி வழங்குதல் - தொடர்பாக.

பார்வை: ஸ்ரீநாராயணி செவிலியர் கல்லூரி (ம) பயிற்சிபள்ளி, ஸ்ரீநாராயணி மருத்துவமனை மற்றும் ஆராய்ச்சி மையம், ஸ்ரீபுரம், திருமலைக்கோடி, வேலூர் அவர்களின் கடிதம்.

பார்வையில் காணும் கடிதத்திற்கிணங்க, வேலூர் மாவட்டம் ஸ்ரீபுரம், திருமலைக்கோடி ஸ்ரீநாராயணி மருத்துவமனை மற்றும் ஆராய்ச்சி மையத்தில் பயிலும் செல்வி.V.அர்ச்சனா, M.Sc., இரண்டாம் ஆண்டு செவிலியர் பயிற்சி பள்ளியில் பயிலும் மாணவி "Effectiveness of Yoga Theraphy on Levels of Stress among adults with hypertension at selected rural area, Vellore என்ற தலைப்பில் அணைக்கட்டு ஆரம்ப சுகாதார நிலையத்தில் 01.07.2015 முதல் 31.10.2015 வரை ஆராய்ச்சி விளக்கவுரை மேற்கொள்ள இதன்மூலம் அனுமதி வழங்கப்படுகிறது.

11/8/15
துணைஇயக்குநர் சுகாதாரப்பணிகள்க்காக
வேலூர்

நகல் : வட்டார மருத்துவ அலுவலர், ஆரம்ப சுகாதார நிலையம், ஒடுகத்தூர்
நகல் : மருத்துவ அலுவலர், ஆரம்ப சுகாதார நிலையம், அணைக்கட்டு

உபரி:1
விஜோ/10.8

APPENDIX – C

CERTIFICATE OF VALIDATION

This is to certify that the questionnaire (Standardized tool) National Stress Awareness Day Stress questionnaire given by International Stress Management Association UK ISMA (United kingdom) and the demographic variables, prepared by the researcher for the research study **'Effectiveness of yogasana therapy on levels of stress among women with hypertension at selected rural area, Vellore.** prepared by Miss.Archana.V has been validated by me.

Name:

Designation:

Date:

Institution:

Seal and signature:

APPENDIX – D

Letter requesting participation in the study

Dear participant,

I, **Miss.Archana.V,** II[nd] year M.Sc Nursing student of Sri Narayani College of Nursing, am conducting a research dissertation on **"'Effectiveness of yogasana therapy on levels of stress among women with hypertension at selected rural area, Vellore",** as a partial fulfillment of my Masters Degree. In this regard I would like to demonstrate yogasana and collect data to reduce levels of stress I assure you that the information obtained from you will be strictly confidential and will be used for the study purpose only. I need your whole-hearted cooperation in this study to gather information and I will be grateful to you for the same.

Thanking you in anticipation,

Yours sincerely,

Miss.Archana.V

CONSENT

I have been informed for the purpose of the study and agree to participate in the same.

Date :

Place :

Signature of participant

APPENDIX – E

LIST OF EXPERTS CONSULTED FOR THE CONTENT VALIDITY

1. Dr.Aruna M.Sc (N)., Ph.D.,
   HOD of Community Health Nursing,
   Sri Ramachandhra University,
   Porur, Chennai.

2. Mrs.Lisy Joseph M.Sc (N).,
   Lecturer, Department of Community Health Nursing,
   Sri Ramachandhra University,
   Porur, Chennai.

3. Mrs.Suja Suresh M.Sc (N).,
   Professor, HOD of Community Health Nursing,
   Billroth College of Nursing,
   Chennai.

4. Mr.S.Muthurathinam M.Sc (Biostatistician)
   Sri Narayani College of Nursing,
   Vellore.

APPENDIX – F

CERTIFICATE OF ENGLISH EDITING.

To whomsoever it may concern

This is to Certify that the tool & content prepared by Miss. Archana.V, II M.Sc Nursing, Department of Community Health Nursing on " **Effectiveness of yogasana therapy on levels of stress among women with hypertension at selected Area, Vellore"** has been edited by me in English language.

Signature of the editor

CHRISTINA YAKKALSOROJINI .J
M.A., M.Phil.,
ASST. PROFESSOR
DEPARTMENT OF ENGLISH
VOORHEES COLLEGE
VELLORE-632001

APPENDIX – G

CERTIFICATION OF TAMIL EDITING

To whomsoever it may concern

This is to Certify that the tool & content prepared by Miss. Archana.V, II M.Sc Nursing, Department of Community Health Nursing on " **Effectiveness of yogasana therapy on levels of stress among women with hypertension at selected Area, Vellore"** has been edited by me in Tamil language.

Signature of the editor

A.J. THEODORE RAJKUMAR
Assistant Professor
DEPARTMENT OF TAMIL
Voorhees College, Vellore - 632 001

APPENDIX – H

SEMI STRUCTURED INTERVIEW ON LEVELS OF STRESS AMONG WOMEN

SECTION- A) DEMOGRAPHIC VARIABLES

1. AGE (in years)
   a. 36-40
   b. 41-45
   c. 46-50
   d. 51-55

2. Marital status
   a. Un-Married
   b. Married
   c. Divorced
   d. Widow
   e. Others(Destitute)

3. Education
   a. Illiterate education
   b. Primary education
   c. Middle school education
   d. High school
   e. Higher secondary
   f. Graduate

4. Occupation
   a. Professional
   b. Semi-professional(Social Worker, Librarian)
   c. Farmers
   d. Skilled(Painters, Plumbers)
   e. Semi-skilled (Labour)
   f. Un skilled

5. Family monthly income INR
   a. 3000 or below
   b. 3001-5000
   c. 5001-7000
   d. 7001-9000
   e. Above 9000

6. Co morbid illnesses
    a. None
    b. Diabetes mellitus
    c. Arthritis
    d. Renal problems
    e. Asthma
    f. Infertility

7. No.of .children
    a. 0
    b. 1
    c. 2
    d. 3
    e. 4
    f. More than 4

8. Duration of hypertension
    a. 3 years or below
    b. 4-7 years
    c. 8-11 years
    d. 12 years or more

9. Regular treatment
    a. No
    b. Yes

10. Is there family history of hypertension
    a. No
    b. Yes

11. If yes (related)
    a. Parents
    b. Siblings (Brothers & Sisters)
    c. Others.

12. Daily salt intake
    a. Less than 5 grams
    b. 5-10 grams
    c. More than 10 grams

13. Sleeping pattern
    a. 6 hours or less
    b. 6-8 hours
    c. 8-10 hours
    d. More than 10 hours

14. Leisure time activities
    a. Watching TV
    b. Reading books
    c. Others.

15. Bio Physiological Variable

Blood pressure (Who Classification)

Stages	Systolic	Diastolic
a. Pre hypertension	120 / 139	80 / 89
b. Stage – I	140 / 159	90 / 99
c. Stage - II	> 160	> 100

APPENDIX – I

Because everyone reacts to stress in his or her own way, on one stress test can give you a complete diagnosis of your stress levels. This stress test is intended to give you an overview only. Please see a Stress Management Consultant for a more in depth analysis.

Answer all the questions bus just tick one box that applies to you, either yes or no. Answer yes, even if only part of a question applies to you. Take your time, but please be completely honest with your answers:

		Yes	**No**
1	I frequently bring work home at night		
2	Not enough hours in the day to do all the things that I must do		
3	I deny or ignore problems in the hope that they will go way		
4	I do the jobs myself to ensure they are done properly		
5	I underestimate how long it takes to do things		
6	I feel that there are too many deadlines in my work / life that are difficult to meet		
7	My self confidence / self esteem is lower than I would like it to be		
8	I frequently have guilty feelings if relax and do nothing		
9	I find myself thinking about problems even when I am supposed to be relaxing		
10	I feel fatigued or tired even when I wake after an adequate sleep		
11	I often nod or finish other peoples sentences for them when they		

	speak slowly		

		Yes	**No**
12	I have a tendency to eat, talk, walk and drive quickly		
13	My appetite has changed, have either a desire to binge or have a loss of appetite / may skip meals		
14	I feel irritated or angry if the car or traffic in front seems to be going too slowly / I become very frustrated at having to wait in a queue		
15	If something or someone really annoys me I will bottle up my feelings		
16	When I play sport or games, I really try to win whoever I play		
17	I experience mood swings, difficulty making decisions, concentration and memory is impaired		
18	I find fault and criticize others rather than praising, even if it is deserved		
19	I seem to be listening even though I am preoccupied with my own thoughts		
20	My sex drive is lower, can experience changes to menstrual cycle		
21	I find myself grinding my teeth		
22	Increase in muscular aches and pains especially in the neck, head, lower back, shoulders		
23	I am unable to perform tasks as well as I used to, my judgment is clouded or not as good as it was		

		Yes	No
24	I find I have a greater dependency on alcohol, caffeine, nicotine or drugs		
25	I find that I don't have time for may interests / hobbies outside of work		
A yes answer score = I (one), and a no answer score = 0 (zero)			

Your score :

Most of us can manage varying amounts of pressure without feeling stressed however too much or excessive pressure, often created by our own thinking patterns and life experiences, can overstretch our ability to cope and then stress is experienced.

4 points or less:

You are least likely to suffer from stress – related illness.

14 points or more:

You are the most prone to stress showing a great many traits or characteristics that are creating un – healthy behaviours. This means that you are also more likely to experience stress & stress – related illness e.g. diabetes, irritable bowel, migraine, back and neck pain, high blood pressure, heart disease / strokes, mental ill health (depression, anxiety & stress). It is important to seek professional help or stress management counseling. Consult your medical practitioner.

To support your actions to reduce stress and enhance wellbeing and performance at work, ISMA[UK] continues to provide excellent support materials for your use. Please keep checking back to this page for your resources. If you can't find what you are looking for or experience technical difficulties, please contact us.

Start using any of the information, downloads or resources from this page to help you with your efforts to reduce stress. There is no need to ask permission unless you intend to change the download. All items are copyright to ISMA[UK] unless otherwise stated and are intended for public use without amendment.

- 7 Positives For A Better Life
- Facts About Stress
- How important is your worry
- How to identify stress
- The 60 second tranquilliser
- Top ten stress busting tips
- Wheel of life
- Your Wellbeing Guide Click here for your FREE 4 part Wellbeing Guide

APPENDIX – J

பெண்களுக்கான மன அழுத்தம் தொடர்பான அரை கட்டமைக்கப்பட்ட நேர்முக தேர்வு

மாதிரிகளுக்கான குறிப்புகள்

தயவு செய்து பொருத்தமான முடிவுகளை தேர்ந்தெடுக்கவும். தரப்பட்டுள்ள இத்தகவல்கள் ரகசியமாக வைக்கப்படும். இது ஆராய்ச்சிப் பணிக்காக மட்டுமே பயன்படுத்தப்படும்.

பிரிவு - அ - பங்கேற்பாளரின் விவரங்கள்

1) **வயது**

அ) 36 - 40

ஆ) 41 - 45

இ) 46 - 50

ஈ) 51 - 55

2) **திருமண விவரம்**

அ) மணமானவர்

ஆ) மணமாகாதவர்

இ) விவாகரத்தானவர்

ஈ) விதவை / மனைவியை இழந்தவர்

உ) மற்றவர்கள் (ஆதரவற்றவர்)

3) **கல்வி**

அ) அடிப்படைக் கல்வி இல்லை

ஆ) ஆரம்பக் கல்வி 5-ம் வகுப்பு வரை

இ) நடுநிலைப்பள்ளி கல்வி 5-ம் வகுப்பு முதல் 8-ம் வகுப்பு வரை

ஈ) உயர்நிலைப் பள்ளிக்கல்வி (9 - 10)

உ) மேல்நிலைப் பள்ளிக்கல்வி (11 - 12)

ஊ) பட்டப்படிப்பு - அதற்கு மேல்

4) **தொழில்**

அ) தொழில் நெறிஞர் .....(அறிஞர்)

ஆ) பாதி தொழில் நெறிஞர் (சமூக சேவகர், நூலகர்)

இ) விவசாயம்

ஈ) திறமை கொண்டவர் (ஒவியர்)

உ) அரைதிறமை கொண்டவர் (தொழிலாளர்)

ஊ) திறமையாற்றவர்

5) **குடும்ப மாத வருவாய்**

அ) ரூ. 3000 (ம) கீழே

ஆ) ரூ. 3001 - 5000

இ) ரூ. 5001 - 7000

ஈ) ரூ. 7001 - 9000

உ) ரூ. 9000 மேலே

6) **மற்ற நோய்கள்**

அ) எதுவும் இல்லை

ஆ) நீரிழிவு நோய்

இ) மூட்டு வீக்கம்

ஈ) சிறுநீரக கோளாறு

உ) ஆஸ்துமா

ஊ) மற்றவை

7) **குழந்தைகளின் எண்ணிக்கை**

அ) 0

ஆ) 1

இ) 2

ஈ) 3

உ) 4

ஊ) 4-க்கு மேல்

8) **ரத்த அழுத்தம் பாதிப்பு உள்ள காலம்**

அ) 3 ஆண்டுகள் அல்லது

ஆ) 4 - 7 ஆண்டுகள்

இ) 8 - 11 ஆண்டுகள்

ஈ) 12 ஆண்டுகள் மேல்

9) **நீங்கள் தொடர் சிகிச்சையில் உள்ளீர்களா?**

அ) ஆம்

ஆ) இல்லை

10) **குடும்பத்தில் உள்ளோருக்கு இரத்த அழுத்த நோய் இருக்கிறதா?**

அ) ஆம்

ஆ) இல்லை

இ) ஆம் எனில், எவ்விதத் தொடர்பு

அ) பெற்றோர் (அம்மா, அப்பா)

ஆ) உடன் பிறந்தோர் (அண்ணன், தங்கை)

இ) பிறர்

11) **தினசரி உப்பு எடுக்கும் அளவு**

அ) 5 கிராம் குறைவாக

ஆ) 5 - 10 கிராம்

இ) 10 கிராம் அதிகமாக

12) **தூங்கும் நேரம்**

அ) 6 மணி நேரம் குறைவாக

ஆ) 6 - 8 மணி நேரம் வரை

இ) 8 - 10 மணி நேரம் வரை

ஈ) 10 மணி நேரத்திக்கு மேல்

13) **ஓய்வு நேர பொழுதுபோக்குகள்**

அ) தொலைக்காட்சி பார்த்தல்

ஆ) புத்தகங்கள் படித்தல்

இ) இதர பொழுது போக்குகள்

APPENDIX – K

பிரிவு – பி மன அழுத்தம் பற்றிய கேள்விகள்

வ. எண்	கேள்விகள்	ஆம்	இல்லை
1	நான் அடிக்கடி இரவு நேரத்தில் அலுவலக வேலைகளை வீட்டுக்கு கொண்டுவருகிறேன்.		
2	நான் முக்கியமாகச் செய்ய வேண்டிய அனைத்துப் பணிகளையும் பகல் செய்ய நேரம் கிடைப்பதில்லை.		
3	பிரச்சினைகள் தானாகத் தீர்ந்துவிடும் என்று எண்ணி அவற்றை மறுத்து அல்லது புறக்கணிப்பு செய்கிறேன்.		
4	பணிகள் முறையாக செய்யப்படவேண்டுமென்பதால், அவற்றை நானே செய்ய முனைகிறேன்.		
5	பணிகளைச் செய்ய எவ்வளவு நேரம் ஆகும் என்பதை நான் தவறாக கணிக்கிறேன்.		
6	எனது எண்ணற்ற பணிகளை முடிக்க பல காலக்கெடு உள்ளதை உணர்கிறேன்.		
7	என் தன்னம்பிக்கையும்/சுயமரியாதையும் நான் விரும்புவதைக் காட்டிலும் குறைவானதே.		
8	நான் ஓய்வாக எப்பணியும் செய்யாத நிலையில், அடிக்கடி எனக்குள் குற்ற உணர்வு ஏற்படுகிறது.		
9	நான் ஓய்வாக இருக்க வேண்டிய நேரத்திலும் பிரச்சனைகள் குறித்து சிந்தித்துக் கொண்டிருக்கிறேன்.		
10	ஆழ்ந்த உறக்கத்திற்குப் பின் எழுந்த நிலையிலும் நான் மிகுந்த சோர்வாகவும், தளர்வாகவும் இருக்கிறேன்.		
11	பிறர் மெதுவாக பேசும்போது, நான் அடிக்கடி தலையசைத்தும் அல்லது அவர்களது வார்த்தைகளை முடிக்கவும் முயல்கிறேன்.		
12	நான் ஆர்வமாக உண்ணவும், பேசவும், நடக்கவும், வண்டியை ஓட்டவும் உணர்வுகளைப் பெற்றுள்ளேன்.		
13	பசிக்கும் தன்மை மாறிவிட்டது, சில நேரங்களில் பசி அளவுக்கு அதிகமாகவும், சில நேரங்களில் பசியற்றும், சில நேரம் உணவைத் தவிர்க்கவும் செய்கிறேன்.		

வ. எண்	கேள்விகள்	ஆம்	இல்லை
14	என் எதிரில் கார் (அ) போக்குவரத்து மிகவும் மெதுவாகச் செல்லும்போது, நான் எரிச்சலும் கோபமும் அடைகிறேன். வரிசையில் காத்து நிற்கும் போது மிகவும் வெறுப்படைகிறேன்.		
15	எதனாலோ (அ) எவராலோ நான் கோபப்படுத்தப்பட்டால் என் உணர்வுகளை உள்ளுக்குள் கட்டுப்படுத்திக் கொள்வேன்.		
16	நான் ஆட்டங்கள் / விளையாட்டுகளிலும் ஈடுபடும்போது எவருடன் மோதினாலும் நானே வெற்றி கொள்ள முயல்வேன்.		
17	நான், மனம் ஊசலாட்டம், முடிவுகளை மேற்கொள்வதில் சிரமம், நினைவுத் தடுமாற்றம் போன்றவற்றால் பாதிக்கப்படுகிறேன்.		
18	உள்ளபடியே பாராட்டப்பட்ட வேண்டிய தருணத்திலும் பிறரின் மீது தவறுகளை சுமத்தி அவர்களைக் கேலி செய்கிறேன்.		
19	நான் என் சுய எண்ணங்களால் ஆட்பட்டிருக்கும் தருணத்திலும், மற்றவர் வார்த்தைகளைக் காது கொடுத்துக் கேட்கிறேன்.		
20	என் மாதாந்திர வீட்டு விலக்கு நாள் சுழற்சியில் மாற்றங்களை உணர்கிறேன். தாம்பத்ய உணர்வும் குறைகிறது.		
21	என் பற்களை நானே கடிப்பது போல் உணர்கிறேன்.		
22	கழுத்து, தலை, இடுப்பு, தோள்கள் போன்வற்றில் தசைவலி மிகுந்து காணப்படுகிறது.		
23	நான் வழக்கமாக செய்யும் பணிகளை சரிவர செய்ய முடியாமலும், என்னுடைய முடிவுகள் தெளிவில்லாமலும் இருக்கின்றது.		
24	ஆல்கஹால், கஃபின், நிக்கோட்டின் மற்றும் இது போன்ற போதை வஸ்துக்களைச் சார்ந்திருக்கிறேன்.		
25	என் பணிகளை தாண்டி, வெளியுலக பொழுது போக்குகளில் ஈடுப எனக்கு நேரமில்லாததை உணர்கிறேன்.		

4 புள்ளி மற்றும் குறைவாக :

மன அழுத்தம் வருவதற்கான வாய்ப்புகள் குறைவாக உள்ளது.

5–13 புள்ளிகள் :

மன ரீதியாகவும், உடல் ரீதியாகவும் அல்லது இரண்டு காரணங்களுக்காகவும் மன அழுத்தம் தொடர்பான அனுபவங்களை நீங்கள் பெறக்கூடும் மன அழுத்தத்தீர்வு ஆலோசனை அல்லது பாதிக்கப்பட்ட பகுதிகளுக்கான அறிவுரைகளினால் நீங்கள் பயனடையலாம்.

14 புள்ளி முதல் மற்றும் அதிகமாக :

நீங்கள் மன உளைச்சல் வருவதற்கான வாய்ப்புகளை அதிகமாக பெற்ற படியால் சில பண்புகள் ஆரோக்கியமற்ற நடவடிக்கைகளை ஏற்படுத்தும். அதாவது நீங்கள் மன அழுத்தம் மற்றும் மன அழுத்தம் தொடர்பான வியாதிகள் வர அதிகப்படியான சாத்தியத்தை பெற்றுள்ளீர்கள் அந்த வியாதிகள் (உ.ம்) சர்க்கரை நோய், வயிற்றுக் கோளாறு, மயக்கம், முதுகு மற்றும் கழுத்து வலி, அதிகமான இரத்த அழுத்தம், இருதய நோய், பக்கவாதம், மனநிலை பாதிப்பு போன்றவற்றினால் உண்டாகும் அனுபவங்களை பெறக்கூடும்.

APPENDIX – L

Name of the Student Teacher	:	Miss. V.ARCHANA
Class	:	M.Sc., (N) , 2nd Year
Topic	:	YOGASANA (PADMASANA, PRANAYAMA, SHAVASANA)
Group	:	Women with Hypertension (36 – 55) Years
Group Size	:	30
Place	:	Unai Vaniyambadi
Method of Teaching	:	Lecture and Demonstration
Language	:	Tamil
Duration	:	1 Hrs.
Guided by	:	1. Mrs. Sujatha.V Professor 2. Ms. Gandhimathi.S Reader

GENERAL OBJECTIVE :

At the end of class people are able to understand about stress and gain knowledge in demonstration of selected yogasanas, apply practice of Padmasana, Pranayana & Shavasana.

SPECIFIC OBJECTIVE :

The people will be able to understand and perform

- Meaning of stress
- Yogasana reduces levels of stress for women with hypertension patient.
- Padmasana
- Pranayana
- Shavasana

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
2 Min	Meaning of Stress	**Introduction :** Stress is one of the factors that cause hypertension. In this research study, yogasana is explored as a stress reducing activity, thus moderating the effects of stress on hypertension. **Meaning of Stress :** Stress is a general term applied to various psychologic (Mental, post traumactic disorder, bipolar) and physiologic (bodily, perceived stress, chronic stress) pressures experienced (or) felt by people throughout their lives. **In Stress there are two types :** 1) Acute Stress: It is a sheet term stress (e.g) emotional stress. 2) Chronic Stress : Comes when a person never sees a way out of miserable situation. (e.g.) Suicide, Violence	Explaining	Listening	

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
		Yogasana reduces levels of stress for women with hypertension patient : Yoga is a mind – body pratice that combinesphysical poses, controlled breathing, and meditation (or) relaxation. Yogasana may help reduce stress lower blood pressure and lower your heart rate. Yoga brings together physical and mental disciplines that may help you achieve peacefulness of body and mind. This can help you relax and manage stress.			

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
5 Min	Performing Padmasana	**Introduction :** Asanas means postures are giving all possible movements to the body by making our body into different postures and hold on that postures for some time, then relax the whole body. During the asana practice, the mind will be free from stress and sorrows. The body will be free from heat and cold waves. **Padma : Lotus, Asana – Posture or Pose :** Padmasana or Lotus pose is a cross – legged yoga posture which helps, deepen meditation by calming the mind and alleviating various physical ailments. A regular practice of this posture aids in overall blossoming of the practitioner just like a lotus and hence the name padmasana. Health benefits of Padmasana it helps the brain to calm prevent from any diseases.	Explaining	Asana is good for health? Listening	Demonstration

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
		Benefits of the Lotus pose (Padmasana) 1. Improves digestion 2. Reduces muscular tension and brings blood pressure. 3. Relaxes the mind 4. Helps pregnant ladies during child birth 5. Reduces menstrual discomfort. **Procedure :** **Step : 1** Sit on the floor or on a mat with legs stretched out in front of you while keeping the spine erect. **Step : 2** Bend the right knee and place it on the left thigh. Make sure that the sole of the feet point upward and the had it close to the abdomen.	Explaining	Listening	Demonstration

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
		3) Now repeat the same step with the left leg. 4) With both the legs crossed and feet placed on opposite thighs, place your hands on the knees in mudra position. Position: 5) Keep the head straight and spine erect. 6) Hold and continue with gently long breaths in and out. **Lotus pose (Padmasana) for Beginners :** If you have problem overlapping both your legs and sitting in padmasana, you may also sit in Ardha padmasana (Half – Lotus Pose) by placing any one leg on the opposite thing – continue doing so till you feel flexible enough to progress to padmasana.		 Padmasana	

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
5 min	Performing Paranayama	**Contra indications of the Lotus pose :** Ankle or knees injury : perform this pose only with the supervision of an researches. **Pranayama :** Pranayama is more than just controlling the breath. Its primary purpose is to awaken Prana to maintain a healthy body and mind, and to prepare our selves so that we can become aware of the more subtle levels of our existence. **Benefits of Pranayama** : Reduces blood pressure. **Methods of Pranayama :** **Method 1 :** Sit in a comfortable padmasana (or) ardha padmasana position and inhale through left nostril and exhale in the left nostril for 10 times.			

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
		Method 2 : Sit in a comfortable Padmasana or Ardha Padmasana position and make inhale through right nostril and exhale in the right nostril for 10 times. **Method 3 :** **Step : 1** Sit in Padmasana position (or) Ardha Padmasana position close the eyes focus your attention on your breathing. **Step : 2** Inhale slowly through the right nostril. **Step : 3** Exhale slowly through the left nostril for 10 times. **Step : 4** Continue for 15 mins. you may take a 5 minute rest after exercises.		 Pranayama	

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
5 min	Performing Shavasana	**Shavasana:** It is position of rest and relaxation and is usually practiced towards the end of a yogasana session. **Benefits of Shavasana:** 1) This posture brings a deep meditative state of rest. 2) This posture leaves you in a state of rejuvenation 3) It helps reduce blood pressure, anxiety insomnia 4) This is an excellent way to ground the body and reduce the Vata Dosha. (The central concept of Ayurvedic medicine is the theory that health exists when there is a balance between three fundamental bodily humours ordoshas called Vata, Pitta and Kapha. Vāta or Vata(wind) is the impulse principle necessary to mobilize the function of the nervous system.)	Explaining	Listening	Demonstration

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
		Procedure : 1) Lie flat on your back preferably without any props or cushions use small pillows below your neck if absolutely required. Close your eyes. 2) Keep your legs comfortably apart and let your feet and knees relax completely, toes facing to the sides. Place your arms along the sides a little spread a part from your body. Leave your palms opening facing upward. 3) Taking your attention to different body parts one by one, slowly relay your entire body from feet, legs, things, hips, abdomen, back, chest, shoulders, arms, neck & head. 4) Begin in with bringing your awareness to the right foot, more onto the right knee and soon and slowly more upwards foam feet, legs, things hips, abdomen, back, chest shoulders, arms, neck & head.	Explaining	 Shavasana Listening	Demonstration

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
		5) Keep breathing slowly, gently deeply and allow your breath to relax you more & more. The incoming breathing energizes the body while the outgoing breath brings relaxation. Drop all sense of hurry (or) urgency (or) any need to attend to anything else. Just be with the body and the breath. Make sure you don't fall sleep. 6) After some time, about 10 – 20 minutes, when you feel fully relaxed, keeping your eyes closed slowly roll on to your right side. Lie in that position for a minute or so. Then taking the support of your right hand, gently sit up into a seated pose.	Explaining	Listening	Demonstration

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
		7) Keep your eyes closed and take a few deep breaths in and out as you gradually become aware of your environment and the body. When you feel complete, slowly and gently open your eyes. **Contraindications:** Unless doctor has advised you, four some medical reason, to avoid lying on your back. **Summary :** Till now we have discussed about padmasana procedure of ardha padmasana, benefits & contraindication. Benefits of pranayama, procedure of pranayama & yoganidthra contraindications of yoganidthra.	Explaining	Listening	Demonstration

Time	Specific Objective	Content	Teachers Activity	Learners activities with av aids	Evaluation
		Conclusion: Asanas provide different postures and mindly exercises to people where they get relaxed and fresh up their minds. Padamasana, Pranayama, Shavasana when proved to reduce levels of stress and blood pressure for hypertension patients. By relaxation technique when this is practiced daily for the hypertension patients, the levels of stress and blood pressure will be reduced. **Bibliography:** "Natarajan Subu", " A text book of daily yoga practices Pg.No. (ii)			

APPENDIX – M

மாணவியின் பெயர்	:	வே.அர்ச்சனா
வகுப்பு	:	M.Sc. (N) - இரண்டாம் ஆண்டு
பொருள்	:	சமுதாயச் சுகாதார செவிலியர்
தலைப்பு	:	ஆஸனங்கள் (பத்மாஸனம், பிராணாயமம், சவஸ்னா)

பொது நோக்கம்

- பயிற்சி வகுப்புகளுக்கு பிறகு யோகாவின் மூலம் இரத்த கொதிப்புள்ள மகளிரின் மன அழுத்தத்தை அறிதல். பத்மாசனம், பிராணாயமம், சவஸ்னா போன்ற ஆஸனங்கள் குறித்த அறிவைப் பெறுவதோடு, மிகுந்த திறமையோடு பயிற்சி பெறுதல்.

குறிப்பிட்ட நோக்கம்

- யோகாவின் மூலம் இரத்த கொதிப்புள்ள மகளிரின் மன அழுத்தத்தை அறிதல்.
- பத்மாசனம் செய்வதை
- பிராணாயமம் செய்முறை
- சவஸ்னா செய்முறை

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		முன்னுரை : இரத்த அழுத்தம் ஏற்படுவதற்குப் பல காரணங்களில் மன அழுத்தமும் ஒன்றாகும். இந்த ஆராய்ச்சிப் படிப்பில், யோகாசனம், மன அழுத்தத்தைக் கட்டுப்படுத்தும் செயலில் ஈடுபட்டு, இரத்த அழுத்தத்திற்குக் காரணமான மன அழுத்தத்தைக் குறைக்கிறது. மன அழுத்தம் உளவியல் ரீதியாக பல தரப்பட்ட காரணங்களால், அதாவது • மனதை உள் வாங்குதல் • அதிகமான மன அழுத்தம் • மனக் கவலை மற்றும் • உணவு உட்கொள்வதில் பிரச்சினை			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		போன்றவற்றினால் அவர்களது வாழ்நாள் முழுவதும் பாதிப்பை ஏற்படுத்துகிறது. மனஅழுத்தத்தில் இரண்டு வகை உள்ளது 1) ஆரம்ப நிலை மன அழுத்தம் இது குறுகிய கால பாதிப்பு ஆகும் (உ.ம்) உணர்வு பூர்வமாக ஏற்படும் பாதிப்பு. 2) அதிக அளவிலான அழுத்தம் துயரமான சூழ்நிலைகளிலிருந்து வெளியே வர இயலாமல் தத்தளிக்கும் போது, (உ-ம்) தற்கொலை, வன்முறை			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		யோகா, இரத்தக் கொதிப்புள்ள மகளீர் மன அழுத்தத்தைக் குறைக்க உதவுகிறது. ❖ யோகா, மனம் - உடல் சார்ந்த பயிற்சியை அளிக்கிறது அது, உடல் பயிற்சி, மூச்சைக் கட்டுப்படுத்தும் பயிற்சி, தியானம் போன்றவற்றினால் மன ஆறுதலை அளிக்கிறது. ❖ யோகா மன அழுத்தத்தைக் குறைத்து, இரத்த அழுத்தத்தைக் கட்டுப்படுத்துவதோடு, இதயத்தின் செயலாற்றலையும் குறைக்கிறது. ❖ யோகா உடல் மற்றும் மனம் ஆகியவற்றின் செயலாற்றலை ஒருங்கிணைக்கிறது, இதனால் உடலுக்கும்ம, மனத்திற்கும் மன அமைதியை ஏற்படுத்தி, மன அழுத்தத்தைக் கட்டுப்படுத்தி ஆறுதலை அளிக்கிறது.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		முன்னுரை : ஆசனம் என்பது உடற்பாகங்களை பல்வேறு கோணங்களில் அசைத்து மனதை ஒருமுகப்படுத்தி, உடலுக்குப் புத்துணர்ச்சி அளிக்கும் முறையாகும். ஆசனப் பயிற்சியின் போது மனம் மகிழ்ச்சியும் துக்கமும் கடந்த நிலையில், உடல் உஷ்ணம் மற்றும் குளிர்ச்சியின் தாக்கத்திலிருந்து விடுபட்டு காணப்படும்.	உங்களுக்கு ஆசனம் பற்றி ஏதாவது கருத்து உள்ளதா?		
5 MIn	பத்மாசனம் செய்யும் முறை	**பத்மாசனம் :** பத்மா என்றால் தாமரை என்று பொருள் தியானத்திற்கு உதவும் இது ஒரு பிரசித்தி பெற்ற ஆசனம் ஆகும். நிமிர்ந்த முதுகெலும்பும் சமமான உடலமைப்பும் மனதை ஒருங்கிணைக்க உதவுகின்றன. மேலும் உடல் சார்ந்த பிரச்சினைகளைத் தீர்க்க உதவுகின்றன.	விளக்கவும்	கவனிக்கவும்	செய்முறை

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		நன்மைகள் : 2) அஜீரணத் தொல்லைகளும், வாயுக் கோளாறுகளும் தீர்க்க உதவும். 3) தசைப் பிடிப்புகளைச் சரிசெய்கிறது. இரத்த அழுத்தத்தைச் சீர்படுத்துகிறது. 4) இது மன ஒருமைப் பாட்டிற்குச் சிறந்த ஆசனம் ஆகும். 5) சுகப்பிரசவத்திற்கு வழி வகுக்கிறது. 6) மாதவிடாயக் கோளாறுகளைச் சரிசெய்கிறது.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		செய்முறை : 1) முதுகெலும்பை நிமிர்ந்த நிலையில் வைத்துக்கொண்டு தரையில் அல்லது பாயில் நீங்கள் உட்காரு முன் கால்களை வெளியே நீட்டிக் கொள்ளவும். 2) வலது முழங்கால் மூட்டுகளை வளைத்து அதன் மேலேயே மடக்கிக் கொள்ளவும் இடது காலை தொடை அடிவயிற்றில் சேருமிடத்தில் வைக்கவும். இரண்டு குதிகால்களும் மேல் நோக்கி இருத்தல் வேண்டும். 3) இப்போது அதே போல் இடது காலைச் செய்ய வேண்டும்.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		4) இரு கால்களையும் குறுக்காக எதிரெதிரான தொடைகளில் அமர்த்தி உங்கள் கைகளை முழங்கால்களின் மீது முத்ரா நிலையில் வைக்கவும். 5) தலையை நேராகவும் முதுகை நிமிர்ந்த நிலையிலும் வைக்கவும். 6) மூச்சைப் பிடித்து, மெதுவாக உள்ளும் புறமும் நீண்ட சுவாசத்தை விடவும்.		 பத்மாசனம்	
		பத்மாசனம் ஆரம்ப நிலை : உங்களுக்கு பத்மாசன முறையில் உட்கார பிரச்சினைகள் இருந்தால் அர்த்த பத்மாசனம் முறையில் உட்காரலாம். இது உங்களுக்கு வசதியாக அமையும்.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		தவிர்க்க வேண்டியவர்கள் : கணுக்கால் மற்றும் மூட்டு சார்ந்த கோளாறுகள் உள்ளவர்கள்.			
5 Min	பிராணாயமம் செய்யும் முறை	**பிராணாயமம் :** பிராணாயமம் நம் உடலின் மூச்சுக் காற்றின் இயக்கத்தைக் கவனிக்கிறது. கேட்டல், சுவைத்தல், நுகர்தல் ஆகிய செயல்களுக்கும் உதவுவது. இந்த பிராண சக்தியே. **பிராணயாயமத்தின் பலன்கள்** 1. ஜீரண சக்தியை ஊக்குவிக்கிறது 2. மனதை ஆறுதல்படுத்துகிறது			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		முறைகள் - 1 பத்மாசன முறையில் சரியாக அமர்ந்து மூச்சை இடது மூக்கின் துவாரத்தின் வழியாக உள்ளே இழுத்து. இடது மூக்கின் துவாரத்தின் வழியாக வெளியே மூச்சை விடவும். இதுபோன்று பத்து முறைகள் செய்ய வேண்டும். **முறைகள்** - 2 பத்மாசன முறையில் (அ) அர்த்த பத்மாசன முறையில் அமர்ந்து, வலது மூக்கின் துவாரத்தில் மூச்சை உள் இழுத்து வலது மூக்கின் துவாரத்தின் வழியாக மூச்சை வெளியேற்றவும். இதனை 10 முறை செய்ய வேண்டும்.		 பிராணாயமம்	

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		முறைகள் - 3 **படி** -1 பத்மாசன முறையில் (அ) அர்த்த பத்மாசன முறையில் அமர்ந்து, கண்களை மூடி நினைவுகளை ஒருங்கிணைத்துக் கொள்ளவும். **படி** - 2 மூச்சை மெதுவாக வலதுபுற துவாரத்தில் உள் இழுக்கவும் **படி** - 3 இடது துவாரத்தில் வழியாக மெதுவாக மூச்சை வெளியேற்றவும். இதை 10 முறை செய்ய வேண்டும். **படி** -4 இவற்றை 15 நிமிடங்களுக்கு செய்யவும். இடையில் 5 நிமிடத்திற்கு ஒரு முறை ஒரு நிமிடம் ஓய்வு எடுக்கலாம்.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		முறைகள் - 4 (நாடிசுத்தி -) **படி** - 1 பத்மாசன முறையில் அல்லது அர்த்த முறையில் அமர்ந்து கண்களை மூடி நினைவுகளை ஒருங்கிணைத்துக் கொள்ளவும். **படி-2** மூச்சை மெதுவாக இடதுபுற துவாரத்தின் மூலம் உள் இழுக்கவும். **படி-3** வலது துவாரத்தின் வழியாக மெதுவாக மூச்சை வெளியேற்றவும் இதனை 10 முறை செய்ய வேண்டும். **படி-4** இதனை 15 நிமிடங்களுக்கு தொடர்ந்து செய்யவும். இடையில் 5 நிமிடங்களுக்கு ஒருமுறை ஒரு நிமிடம் ஓய்வு எடுத்துக் கொள்ளவும்.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		முரண்பட்ட அறிகுறிகள் ஆஜிரணக் கோளாறுகள், சுவாச கோளாறுகள், இருதயக் கோளாறுகள் உள்ளவர்கள் பிராணாயமம் செய்வதைத் தவிர்க்கவும்.			
5 Min	சவாசனா செய்முறை	**சவாசனா நன்மைகள்** 1) உடலும் மனமும் பூரண ஒய்வு பெறுகின்றன. 2) உடல் களைப்பு நீங்குகிறது 3) உடலின் செயல்பாடுகள் புத்துணர்ச்சி பெறுகின்றது 4) இரத்த அழுத்தம் சீர்பெருகின்றது 5) உறக்கம் வராதவர்களுக்கு ஆழ்ந்த உறக்கம் வரும்.	விளக்கவும்	கவனிக்கவும்	செய்முறை

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		செய்முறை - 1) மல்லாந்து படுக்கவும் சிறு தலையணையைக் கழுத்தின் கீழ் வைக்கவும் கண்களை மூடிக் கொள்வது மிகவும் அவசியம். 2) கால்களை வசதியாக வைத்துக் கொள்ளவும். பாதங்களையும் மூட்டுகளையும் தளர்வாக இருக்கச் செய்யவும். பாதங்கள் பக்கவாட்டில் இருக்கவும். 3) கைகள் பக்கவாட்டில் உடலைத் தள்ளி இருத்தல் வேண்டும். உள்ளங்கைகள் மேல் நோக்கி இருக்க வேண்டும்.		 சவாசனா	

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		4) உடலின் அனைத்துப் பாகங்களையும், தொடை, இடுப்பு, வயிறு, கைகள், தோள்பட்டைகள் ஒவ்வொன்றையும் மனதிலிறுத்தி உடலின் நடுப்பாகம் வரை தளர்ச்சியடையச் செய்யவும். 5) உங்களின் கவனத்தை வலதுகால் விரல்கள் மீதும் பிறகு வலது மூட்டின் மீதும் தொடை, இடுப்பு, வயிறு, கைகள், தோள்பட்டைகள், கழுத்து பின் படிப்படியாக மேல் நோக்கிச் சென்று தலைப் பகுதியைத் தளர்வடையச் செய்யவும்.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		6) மூச்சினை மெதுவாகவும், ஆழமாகவும் இழுத்து வெளியில் விடவும். உள் சுவாசம் உடலினை உற்சாகப்படுத்தவும், வெளிச்சுவாசம் உடலினை தளர்வடையச் செய்யவும் உதவுகிறது. சவாசனா மேற்கொள்ளும் போது விழிப்புடன் இருக்க வேண்டும். உறங்காமல் இருத்தல் வேண்டும். 7) 20 நிமிடங்களுக்குப் பின் நீங்கள் புத்துணர்ச்சி அடைந்த பிறகு, கண்களை மூடிய வண்ணம் வலது புறம் சாய்ந்து கொள்ளவும். இதே நிலையில் ஒரே நிமிடம் படுக்கவும். பிறகு வலது கையின் உதவியுடன் மெதுவாக எழுந்து வசதியாக அமரவும்.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		8) கண்களை மூடியவாறு சிறிதுநேரம் ஆழ்ந்து சுவாசிக்கவும். முழுமையாக உணர்ந்த நிலையில் மெதுவாகக் கண்களைத் திறக்கவும்.			
		முரண்பட்ட அறிகுறிகள் :சில மருத்துவக் காரணங்களால் மல்லாந்து படுக்க இயலவில்லை எனில் இந்த ஆசனம் செய்வதைத் தவிர்க்கவும்.			
		சுருக்கம் : இதுவரை யோகாவின் மூலம் இரத்த கொதிப்புள்ள மகளிரின் மன அழுத்தத்தை அறிதல் பத்மாசனம், பிராணாயமம், சவாசனா போன்றவற்றைச் செய்யும் விதம், அதன் பலன்கள் மற்றும் முரண்பட்ட அறிகுறிகள் குறித்தும் விவாதித்தோம்.			

நேரம்	நோக்கம்	பொருளடக்கம்	கற்பித்தல் செயல்பாடுகள்	கற்றல் செயல்பாடுகள்	மதிப்பீடு
		முடிவுரை : ஆசனங்கள் நம் உடலின் பல்வேறு நிலைகளில் நிறுத்தி பயிற்சியளித்து மக்களின் மனதில் அமைதியை நிலை நிறுத்துகிறது. பத்மாசனம், பிராணாயமம், சவாசனா ஆகியவை ஆசனப் பயிற்சியின் போது நம் மனம் மகிழ்ச்சியும் துக்கமும் கடந்த நிலையில் உடலின் உஷ்ணம் மற்றும் குளிர்ச்சியின் தாக்கத்திலிருந்து விடுபட்டு நிற்கும். இவற்றை தினமும் பயிற்சி செய்தால் இரத்த அழுத்தம் உள்ள நோயாளிகளின் இரத்த அழுத்தம் மன அழுத்தத்தைக் குறைக்கிறது.